

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000003869

**Entity Name:** CDOR MCO VILLAGE, LLC

**Current Principal Place of Business:**

1800 W PASEWALK AVENUE, SUITE 200  
NORFOLK, NE 68701

**Current Mailing Address:**

1800 W PASEWALK AVENUE, SUITE 200  
NORFOLK, NE 68701 US

**FEI Number:** 52-1889549

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLACKHAM, J. WILLIAM  
Address 1800 W PASEWALK AVENUE, SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title MGR  
Name GANTT, JONATHAN J  
Address 1800 W PASEWALK AVENUE, SUITE 200  
City-State-Zip: NORFOLK NE 68701

Title MGR  
Name GREEN, LAUREN E  
Address 1800 W PASEWALK AVENUE, SUITE 200  
City-State-Zip: NORFOLK NE 68701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAUREN GREEN

**MANAGER**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date