

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008834

**FILED**  
**Jan 14, 2021**  
**Secretary of State**  
**5351420875CC**

**Entity Name:** CONECUH VALLEY RAILWAY, L.L.C.

**Current Principal Place of Business:**

13901 SUTTON PARK DR S  
SUITE 175C  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

200 MERIDIAN CENTRE, SUITE 300  
ROCHESTER, NY 14618 US

**FEI Number:** 45-1829211

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MVP  
Name GREENE, SARAH A  
Address 200 MERIDIAN CENTRE STE 300  
City-State-Zip: ROCHESTER NY 14618

Title SM  
Name RICOTTA, ALFRED Q  
Address 20 W AVE  
City-State-Zip: DARIEN CT 06820

Title P  
Name IRVIN, JAMES E  
Address 13901 SUTTON PARK DR S  
City-State-Zip: JACKSONVILLE FL 32224

Title AVP  
Name VEST, JERRY  
Address 13901 SUTTON PARK DR S  
SUITE 175C  
City-State-Zip: JACKSONVILLE FL 32224

Title AT  
Name ROBERTS, LAUREN  
Address 13901 SUTTON PARK DR S  
SUITE 175C  
City-State-Zip: JACKSONVILLE FL 32224

Title AS  
Name PUSHCHAK, CATHERINE  
Address 20 W AVE  
City-State-Zip: DARIEN CT 06820

Title ACCOUNTING SUPERVISOR  
Name BLAUVELT, DANIELLE  
Address 13901 SUTTON PARK DRIVE SOUTH  
175C  
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER  
Name BLYTH, MARK  
Address 13901 SUTTON PARK DRS, STE 175C  
City-State-Zip: JACKSONVILLE FL 32224

*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:** DANIELLE BLAUVELT

**ACCOUNTING MANAGER** 01/14/2021

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

\_\_\_\_\_  
Date