## 2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000011535

Entity Name: SOUTHERN CROSS DF RENEWABLES, LLC

**FILED** Apr 24, 2025 **Secretary of State** 0867890553CC

## **Current Principal Place of Business:**

300 SUMMERS STREET, SUITE 1100 CHARLESTON, WV 25301

## **Current Mailing Address:**

300 SUMMERS STREET, SUITE 1100 CHARLESTON, WV 25301 US

FEI Number: 88-3237319 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THE CORPORATION TRUST COMPANY 1200 S PINE ISLAND ROAD, STE 250 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MAP Title ΑP

SOUTHERN CROSS DF RENEWABLES GRANEY, PATRICK C IV Name Name

Address

300 SUMMERS STREET, SUITE 1100 Address 300 SUMMERS STREET, SUITE 1100

City-State-Zip: CHARLESTON WV 25301 City-State-Zip: CHARLESTON WV 25301

Title ΑP Title ΑP

Name GRANEY, GOUVENEUR Name SIEGEL, GOUVENEUR

Address 300 SUMMERS STREET, SUITE 1100 Address 300 SUMMERS STREET, SUITE 1100

CHARLESTON WV 25301 City-State-Zip: City-State-Zip: CHARLESTON WV 25301

Title TAX MANAGER PHILLIPS, JON E Name

300 SUMMERS STREET, SUITE 1100 Address

CHARLESTON WV 25301 City-State-Zip:

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.

04/24/2025 SIGNATURE: JON PHILLIPS TAX MANAGER