

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045931

**FILED**  
**Apr 27, 2014**  
**Secretary of State**  
**CC7831463066**

**Entity Name:** WATERFORD TOWN SQUARE, LLC

**Current Principal Place of Business:**

11670 ROSEMOUNT DRIVE  
FT MYERS, FL 33913

**Current Mailing Address:**

17 STONEGATE CIRCLE  
SANTA FE, NM 87506

**FEI Number:** 20-1023931

**Certificate of Status Desired:** No

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

SKRIVAN, KENT A  
1420 PINE RIDGE RD  
NAPLES, FL 34109 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	Title	MGRM
Name	WASHBURN, LYNNE W	Name	ARNOLD, JOHN PJR
Address	17 STONEGATE CIRCLE	Address	17 STONEGATE CIRCLE
City-State-Zip:	SANTA FE NM 87506	City-State-Zip:	SANTA FE NM 87506

Title MGRM  
Name FLAHARTY, PATRICK  
Address 11670 ROSEMOUNT DRIVE  
City-State-Zip: FT. MYERS FL 33913

*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:** LYNNE WASHBURN

**MGR MEMBER**

**04/27/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date