

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000001590

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC8752174937**

**Entity Name:** SEVEN SISTERS SPRINGS, LLC

**Current Principal Place of Business:**

700 DESOTO AVE  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

700 DESOTO AVE  
BROOKSVILLE, FL 34601 US

**FEI Number:** 20-4053520

**Certificate of Status Desired:** No

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

THE HOGAN LAW FIRM  
20 SO. BROAD STREET  
BROOKSVILLE, FL 34601 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 MGRM  
Name FOSTER, GEORGE K  
Address 4420 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34607

Title MGRM  
Name FOSTER, JOHN A  
Address PO BOX 643  
City-State-Zip: BROOKSVILLE FL 34605

Title MGRM  
Name LIGUORI, MICHAEL  
Address 4113 ORCHID DRIVE  
City-State-Zip: SPRING HILL FL 34607

*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:** GEORGE FOSTER

**MANAGER**

**03/24/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date