

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111105

Entity Name: WILLOW CREEK CENTER, LLC**Current Principal Place of Business:**3903 POSTRIDGE TRAIL
MELBOURNE, FL 32934**Current Mailing Address:**P.O. BOX 410686
MELBOURNE, FL 32941**FEI Number:** 14-1982347**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLOGNA-GARAGOZLO, PATRICIA
3903 POSTRIDGE TRAIL
MELBOURNE, FL 32934 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	PSP OF BREVARD, LLC
Address	P.O. BOX 410686
City-State-Zip:	MELBOURNE FL 32941
Title	MGRM
Name	RTLD LLC
Address	11 NANCY ROAD
City-State-Zip:	NANUET NY 10954
Title	MGRM
Name	DS GRISSOM LLC
Address	4524 PGA BLVD., PMB 121
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MGRM
Name	RRLS LLC
Address	28 MARSHALL AVENUE
City-State-Zip:	FLORAL PARK NY 11001
Title	MGRM
Name	AJ WILLOW LLC
Address	111 N. POMPANO BEACH BLVD., APT. 1403
City-State-Zip:	POMPANO BEACH FL 33062

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: PATRICIA BOLOGNA-GARAGOZLO

MGRM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date