

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000075715

**Entity Name:** 12670 CREEKSIDE COMPANY, LLC

**Current Principal Place of Business:**

12670 CREEKSIDE LANE  
FORT MYERS, FL 33919

**Current Mailing Address:**

12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919

**FEI Number:** 59-2750728

**Certificate of Status Desired:** No

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

FARMER, MARK E  
12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919 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:** MARK E FARMER

10/27/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MD  
Name COLLINS, SANDRA  
Address 12670 CREEKSIDE LANE SUITE 202  
City-State-Zip: FORT MYERS FL 33919-3370

*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:** SANDRA COLLINS

MD

10/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date