# 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.

MGR

SIGNATURE: KENNETH B. KIRKPATRICK

Electronic Signature of Signing Authorized Person(s) Detail

## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076520

Entity Name: SPRUCE CREEK RECREATION, LLC

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

2605 SW 33RD STREET #200 OCALA, FL 34471

#### **Current Mailing Address:**

P.O. BOX 2495 OCALA, FL 34478 US

### FEI Number: 26-0589563

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

KIRKPATRICK, KENNETH B 2605 SW 33RD STREET #200 OCALA, FL 34471 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KIRKPATRICK, KENNETH B	Name	DAY, JAMES E.
Address	2605 SE 33RD STREET #200	Address	2605 SE 33RD STREET #200
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

y 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 und

Feb 14, 2017 Secretary of State CC4140650451

Date

FILED

Certificate of Status Desired: No

02/14/2017 Date