

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021707

Entity Name: SOLDIER CREEK, L.L.C.

Current Principal Place of Business:

4090 AIKEN RD
PENSACOLA , FL 32503

Current Mailing Address:

P.O. BOX 905
GULF BREEZE, FL 32562

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROVOST, THOMAS C
4090 AIKEN RD
PENSACOLA, FL 32503 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 PROVOST, THOMAS C
Address P.O. BOX 905
City-State-Zip: GULF BREEZE FL 32562

Title MGRM
Name PROVOST, BAMBI L
Address P.O. BOX 905
City-State-Zip: GULF BREEZE FL 32562

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: THOMAS C PROVOST

MGRM

03/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date