

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037021

**Entity Name:** FLYING EAGLE RESOURCES, LLC

**Current Principal Place of Business:**

20 N. ORANGE AVENUE  
600  
ORLANDO, FL 32801

**Current Mailing Address:**

C/O KIM RADCLIFFE, 20 N. ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

RADCLIFFE, KIM  
20 N. ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 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 VP, MANAGER  
Name SCHMID, H.  
Address 20 N. ORANGE AVENUE, SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title PT, MANAGER  
Name HENNING, U.  
Address 20 N. ORANGE AVENUE, SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title S  
Name PANGLE, L.  
Address 20 N. ORANGE AVENUE  
600  
City-State-Zip: ORLANDO FL 32801

*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:** U. HENNING

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date