

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058539

**Entity Name:** NTR ESTATES LLC

**Current Principal Place of Business:**

20 NORTH WILD FLOWER  
UNIT 521  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 2227  
OCALA, FL 34477 US

**FEI Number:** 27-0397643

**Certificate of Status Desired:** No

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

ROLANDO, NADINE  
20 NORTH WILD FLOWER  
UNIT 521  
SANTA ROSA BEACH, FL 32459 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 ROLANDO, NADINE  
Address 20 NORTH WILD FLOWER  
UNIT 521  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGR  
Name LAROCHE, CHAD C  
Address PO BOX 2227  
City-State-Zip: OCALA FL 34477

*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:** CHAD LAROCHE

MGR

04/14/2016

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

\_\_\_\_\_  
Date