

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049041

Entity Name: BROKEN SPOKE CAMPGROUND LLC

Current Principal Place of Business:

1151 US 1 N
ORMOND BEACH, FL 32174

Current Mailing Address:

46 BIRMINGHAM PKWY
BOSTON, MA 02135

FEI Number: 26-2533638

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	Title	MGRM
Name	LASH, BRIAN	Name	MURPHY, JOSEPH
Address	46 WOODMAN RD	Address	20 SURREY LANE
City-State-Zip:	CHESTNUT HILL MA 02467	City-State-Zip:	TOPSFIELD MA 01983

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN S. LASH

MANAGING MEMBER

03/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date