# that my name appears above, or on an attachment with all other like empowered. 04/24/2017

SIGNATURE: JENNIFER L. PARR

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121895

Entity Name: STORY WATER SHARES, LLC

# **Current Principal Place of Business:**

1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162

# **Current Mailing Address:**

**1020 LAKE SUMTER LANDING** THE VILLAGES. FL 32162

# FEI Number: 27-4199829

## Name and Address of Current Registered Agent:

SKATES, JEFFREY P 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162 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	PARR, JAMES H	Name	PARR, JENNIFER L
Address	1020 LAKE SUMTER LANDING	Address	1020 LAKE SUMTER LANDING
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162

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

MANAGER

FILED Apr 24, 2017 Secretary of State CC3147618260

Certificate of Status Desired: No

Date

Date