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

SIGNATURE: EMILY K HUNT

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

735 INDUSTRY RD #117 LONGWOOD, FL 32750

## **Current Mailing Address:**

735 INDUSTRY RD #117 LONGWOOD, FL 32750

## FEI Number: 45-2158828

## Name and Address of Current Registered Agent:

HUNT, EMILY K 735 INDUSTRY RD #117 LONGWOOD, FL 32750 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 Name EMILY, HUNT Address 3622 E LINA LN City-State-Zip: APOPKA FL 32703

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

PRESIDENT

FILED

Certificate of Status Desired: No

Date

Date

03/20/2014

# 2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: STOCCATA FENCING CLUB OF ORLANDO LLC

# DOCUMENT# L11000053585