

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000084112

**Entity Name:** TROUT CREEK VENTURE, LLC

**Current Principal Place of Business:**

111 NATURE WALK PKWY  
STE 104  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

111 NATURE WALK PKWY  
STE 104  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 46-2956602

**Certificate of Status Desired:** No

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

HANNON, GARY F  
111 NATURE WALK PKWY  
STE 104  
ST. AUGUSTINE, FL 32092 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:** GARY F HANNON

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            HUTSON, DAVID W  
Address        111 NATURE WALK PKWY  
                  STE 104  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            VICE PRESIDENT  
Name            METCALF, JOHN G  
Address        111 NATURE WALK PKWY  
                  STE 104  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            MANAGER  
Name            HUTSON MANAGEMENT, INC.  
Address        111 NATURE WALK PKWY  
                  STE 104  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            VICE PRESIDENT  
Name            HANNON, GARY F  
Address        111 NATURE WALK PKWY  
                  STE 104  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            VICE PRESIDENT  
Name            HUTSON, CODY W  
Address        111 NATURE WALK PKWY  
                  STE 104  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            SECRETARY / TREASURER  
Name            CUNNINGHAM, BEVERLY L  
Address        111 NATURE WALK PKWY  
                  STE 104  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** DAVID W HUTSON

PRESIDENT

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date