

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000114921

**Entity Name:** CRACKER BONE RANCH, LLC

**Current Principal Place of Business:**

500 FLEMING STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

500 FLEMING STREET  
KEY WEST, FL 33040 US

**FEI Number:** 46-0952376

**Certificate of Status Desired:** No

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

SPOTTSWOOD, JOHN MJR.  
500 FLEMING STREET  
KEY WEST, FL 33040 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	SPOTTSWOOD, JOHN MJR	Name	SPOTTSWOOD, TERRI
Address	500 FLEMING STREET	Address	500 FLEMING STREET
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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:** JOHN M SPOTTSWOOD JR

**MGR**

**01/22/2018**

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

\_\_\_\_\_  
Date