

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000112263

**Entity Name:** CAPE LEISURE NATURAL BRIDGE, LLC

**Current Principal Place of Business:**

8680 NORTH ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

P.O. BOX 486  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 36-4769098

**Certificate of Status Desired:** Yes

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

CAPE LEISURE CORPORATION  
8680 NORTH ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920 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  
Name CAPE LEISURE CORPORATION  
Address 8680 NORTH ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** DANIEL LEBLANC

**PRESIDENT**

**04/13/2015**

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

\_\_\_\_\_  
Date