

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000112499

Entity Name: CAPE LEISURE WEEKI WACHEE, 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

FEI Number: 35-2484702

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

03/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date