## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000062563

Entity Name: 4 SEASONS GOLF RESORT LLC

**Current Principal Place of Business:** 

535 JULIE LANE

WINTER SPRINGS, FL 32708

**Current Mailing Address:** 

535 JULIE LANE

WINTER SPRINGS. FL 32708

FEI Number: 46-5637261 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOODA, NASH 535 JULIE LANE WINTER SPRINGS FL

WINTER SPRINGS, FL 32708 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

FILED May 05, 2017

**Secretary of State** 

CC3137357310

Authorized Person(s) Detail:

TitleMANAGERTitleMANAGERNameHOODA, NAUSHIKNameHOODA, NEELAAddress535 JULIE LANEAddress535 JULIE LANE

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER SPRINGS FL 32708

TitleMANAGERTitleMANAGERNameHOODA, ROHANNameHOODA, MISHAAddress535 JULIE LANEAddress535 JULIE LANE

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER SPRINGS FL 32708

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: NAUSHIK HOODA MANAGER

Electronic Signature of Signing Authorized Person(s) Detail