

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000086918

Entity Name: 95 SANTA CLARA LLC**Current Principal Place of Business:**430 NORTH EDEN PARK DR
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**430 NORTH EDEN PARK DR
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 47-0983457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIXON, JAMES
430 NORTH EDEN PARK DR
SANTA ROSA BEACH, FL 32459 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	AMBR
Name	RUSSELL, CHARLES D
Address	430 NORTH EDEN PARK DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AMBR
Name	RUSSELL, LANCE
Address	430 NORTH EDEN PARK DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AMBR
Name	DIXON, JAMES
Address	430 NORTH EDEN PARK DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AMBR
Name	STRANGE, JOHN
Address	430 NORTH EDEN PARK DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

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: CHARLES RUSSELL**MEMBER****04/10/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date