

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000017576

**Entity Name:** ABBOTT RESORTS, LLC

**Current Principal Place of Business:**

850 NW 13 AVE  
PORTLAND, OR 97209

**Current Mailing Address:**

850 NW 13 AVE  
PORTLAND, OR 97209

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CT COPRPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           MANAGER  
Name           MILNE, BOB  
Address        850 NW 13 AVE  
City-State-Zip: PORTLAND OR 97209

Title           MANAGER  
Name           GRUBE, JIM  
Address        850 NW 13 AVE  
City-State-Zip: PORTLAND OR 97209

Title           SECRETARY  
Name           JURINKA, LISA  
Address        850 NW 13 AVE  
City-State-Zip: PORTLAND OR 97209

Title           AUTHORIZED REPRESENTATIVE  
Name           ANDERSON, SARAH  
Address        850 NW 13 AVE  
City-State-Zip: PORTLAND OR 97209

*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:** SARAH ANDERSON

**AUTHORIZED  
REPRESENTATIVE**

**05/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date