

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