2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000065792

Entity Name: SWEETWATER PLAZA, LLC

Current Principal Place of Business:

8016 S. SUNCOAST BLVD HOMOSASSA. FL 34446

Current Mailing Address:

8016 S. SUNCOAST BLVD HOMOSASSA, FL 34446

FEI Number: 47-3768360 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTENSEN, ROBERT R 4 SHORTLEAF CT, W. HOMOSASSA, FL 34446 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 Mar 11, 2018

Secretary of State

CC7764036425

Authorized Person(s) Detail:

Title CEO Title PRESIDENT

NamePONTICOS, STEPHAN ENameJACOBY, JAMES JAYAddress7 BYRSONIMA CT WAddress481 NW 14TH PLACE

City-State-Zip: HOMOSASSA FL 34446 City-State-Zip: CRYSTAL RIVER FL 34428

Title VP Title SECRETARY

Name TATE, LARRY Name MAUGHAN, NELSON W SR.

Address 11 BYRSONIMA CT W Address 44 CYPRESS BLVD W
City-State-Zip: HOMOSASSA FL 34446 City-State-Zip: HOMOSASSA FL 34446

Title TREASURER Title DIRECTOR

NameAUSTIN, TERRY VNameBRUNSINK, WAYNEAddress3831 CATBIRD PTAddress14 CHINKAPIN CIR

City-State-Zip: CRYSTAL RIVER FL 34428 City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR Title MANAGER

Name CHRISTENSEN, ROBERT R Name PHANEUF, ADRIAN S JR.

Address 4 SHORTLEAF CT W Address 50 DOGWOOD DR

City-State-Zip: HOMOSASSA FL 34446 City-State-Zip: HOMOSASSA FL 34446

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: TERRY V AUSTIN TREASURER 03/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date