

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000102448

**Entity Name:** WSRCF PROPERTY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

9224 CYPRESS DR N.  
FT MYERS, FL 33967

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC5577979411**

**Current Mailing Address:**

P.O. BOX 1296  
ESTERO, FL 33929 US

**FEI Number: 81-2630173**

**Certificate of Status Desired: No**

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

FONTAINE, PAUL B  
9224 CYPRESS DR. N.  
FT MYERS, FL 33967 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	MGR	Title	MGR
Name	FONTAINE, PAUL B	Name	LEAPER, MARIE
Address	9224 CYPRESS DR N.	Address	9033 CYPRESS DR. S
City-State-Zip:	FT MYERS FL 33967	City-State-Zip:	FT MYERS FL 33967

*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: PAUL FONTAINE**

**MNGR.**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date