

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000142300

**Entity Name:** SOUTHERN LATITUDE RETREAT, LLC

**Current Principal Place of Business:**

E19885 COUNTY ROAD ND  
AUGUSTA, WI 54722

**Current Mailing Address:**

E19885 COUNTY ROAD ND  
AUGUSTA, WI 54722 US

**FEI Number: 83-1020531**

**Certificate of Status Desired: No**

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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 BECHTEL, LORI  
Address E19885 COUNTY ROAD ND  
City-State-Zip: AUGUSTA WI 54722

Title AMBR  
Name BECHTEL, JOSEPH  
Address E19885 COUNTY ROAD ND  
City-State-Zip: AUGUSTA WI 54722

Title AMBR  
Name ZIMMERMAN, ANGELA  
Address W10887 875TH AVE  
City-State-Zip: RIVER FALLS WI 54022

Title AMBR  
Name ZIMMERMAN, SHANNON  
Address W10887 875TH AVE  
City-State-Zip: RIVER FALLS WI 54022

*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: LORI BECHTEL**

**MEMBER**

**04/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date