## 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. 02/11/2019

MANAGER

SIGNATURE: SUZANNE GRANT

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: BONNER BAR AT FAIRWINDS GOLF COURSE LLC **Current Principal Place of Business:**

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

4400 FAIRWINDS DRIVE FORT PIERCE, FL 34946

### **Current Mailing Address:**

DOCUMENT# L18000167799

**473 WATERS DRIVE** FORT PIERCE, FL 34946 US

### FEI Number: 83-1187708

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

FREITAS, MARY 473 WATERS DRIVE FORT PIERCE, FL 34946 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: MARY FREITAS

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

- Title AMBR BONNER MOBILE BAR SERVICE LLC **473 WATERS DRIVE**
- Name Address City-State-Zip: FORT PIERCE FL 34946

FILED Feb 11, 2019 Secretary of State 8817747293CC

Certificate of Status Desired: No

02/11/2019 Date

Date