

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000000476

**Entity Name:** INTERLACHEN RENTALS LLC

**Current Principal Place of Business:**

531 SHAPPELL AVE  
INTERLACHEN, FL 32148

**Current Mailing Address:**

PO BOX 734  
HAWTHORNE, FL 32640

**FEI Number:** 92-1587950

**Certificate of Status Desired:** No

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

MORGAN, TROY K  
118 W LAKE DR  
HAWTHORNE, FL 32640 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	AUTHORIZED MEMBER
Name	MORGAN, TROY	Name	MORGAN, KATHLEEN C
Address	118 W LAKE DR	Address	PO BOX 868
City-State-Zip:	HAWTHORNE FL 32640	City-State-Zip:	ANNA MARIA FL 34216

*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:** TROY K MORGAN

**MANAGER**

**01/23/2023**

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

\_\_\_\_\_  
Date