

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000000476

**Entity Name:** INTERLACHEN RENTALS LLC

**Current Principal Place of Business:**

881 STATE ROAD 20  
SUITE 3  
INTERLACHEN, FL 32148

**Current Mailing Address:**

PO BOX 734  
HAWTHORNE, FL 32640 US

**FEI Number:** 92-1587950

**Certificate of Status Desired:** No

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

MORGAN, TROY K  
881 STATE ROAD 20  
3  
INTERLACHEN, FL 32148 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  
Name MORGAN, TROY  
Address 881 STATE ROAD 20  
3  
City-State-Zip: INTERLACHEN FL 32148

Title AUTHORIZED MEMBER  
Name MORGAN, KATHLEEN C  
Address PO BOX 868  
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 MORGAN

**MANAGER**

**01/15/2024**

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

\_\_\_\_\_  
Date