

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005362

**FILED**  
**May 05, 2020**  
**Secretary of State**  
**7814222948CC**

**Entity Name:** CANTERFIELD OF OCALA, LLC

**Current Principal Place of Business:**

4488 NORTH SHALLOWFORD RD, SUITE 103  
DUNWOODY, GA 30338

**Current Mailing Address:**

4488 NORTH SHALLOWFORD RD, SUITE 103  
DUNWOODY, GA 30338

**FEI Number:** 47-1903456

**Certificate of Status Desired:** Yes

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

MIKULA, JAMES  
9589 SW HWY 200  
OCALA, FL 34481 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:** JAMES MIKULA

05/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PORTER, WINSTON A  
Address 4488 NORTH SHALLOWFORD RD,  
SUITE 103  
City-State-Zip: DUNWOODY GA 30338

Title AR  
Name PORTER, W. ALLEN  
Address 4488 NORTH SHALLOWFORD RD,  
SUITE 103  
City-State-Zip: DUNWOODY GA 30338

Title AR  
Name MCCABE, ELLIN  
Address 4488 NORTH SHALLOWFORD RD,  
SUITE 103  
City-State-Zip: DUNWOODY GA 30338

Title AR  
Name ADLER, KAREN  
Address 4488 NORTH SHALLOWFORD RD,  
SUITE 103  
City-State-Zip: DUNWOODY GA 30338

*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:** WINSTON PORTER

**MANAGER**

05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date