2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005412

Entity Name: BABCOCK RANCH OUTFITTER OPERATIONS, LLC

FILED
Jan 28, 2019
Secretary of State
4383134526CC

Date

Current Principal Place of Business:

4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33418 US

FEI Number: 81-3397316 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEER, GEORGE 4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33418 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 AUTHORIZED MEMBER Title CEO

Name BABCOCK RANCH TOWN Name KITSON, SYDNEY W OPERATIONS. LLC

Address 4500 PGA BOULEVARD, SUITE 400

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City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT

Name SEVERANCE, RICHARD P

Address 4500 PGA BOULEVARD, SUITE 400

City-State-Zip: PALM BEACH GARDENS FL 33418

City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER

Name SPEER, GEORGE G
Name VANDER MAY, WILLIAM

Address 4500 PGA BOULEVARD, SUITE 400

Address 4500 PGA BOULEVARD, SUITE 400

City-State-Zip: PALM BEACH GARDENS FL 33418

City-State-Zip: PALM BEACH GARDENS FL 33418

Name WOODS, ERICA S

SECRETARY

Title

Address 4500 PGA BOULEVARD, SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

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: GEORGE SPEER REGISTERED AGENT 01/28/2019

Electronic Signature of Signing Authorized Person(s) Detail