

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000008788

**Entity Name:** HUNTER'S TRACE, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13344 COUNTY RD 561  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1171  
MINNEOLA, FL 34755

**New Mailing Address:**

**FEI Number:** 42-7944974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAGEL, MERIDETH C ESQ.  
450 EAST HWY.50, SUITE 4  
CLERMONT, FL 34711 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WADE, TRACY B  
**Address:** P.O. BOX 1171  
**City-St-Zip:** MINNEOLA, FL 34755

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TRACY WADE

MGR

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date