

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084657

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** WELAKA LODGE & RESORT, LLC

**Current Principal Place of Business:**

1001 FRONT STREET  
WELAKA, FL 32193 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 FRONT STREET  
WELAKA, FL 32193 US

**New Mailing Address:**

**FEI Number:** 65-1276919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATWOOD, JILL S  
2730 US 1 SOUTH  
SUITE E  
ST. AUGUSTINE, FL 32086 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:** FINCH, KEVIN D SR  
**Address:** 1001 FRONT STREET  
**City-St-Zip:** WELAKA, FL 32193 US

**Title:** MGRM  
**Name:** FINCH, JESSICA M  
**Address:** 1001 FRONT STREET  
**City-St-Zip:** WELAKA, FL 32193 US

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:** KEVIN D. FINCH SR.

MGRM

04/18/2010

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