

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008896

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC3940082293**

**Entity Name:** SACHEL'S LAST RESORT, INC.

**Current Principal Place of Business:**

8101 COASH ROAD  
SARASOTA, FL 34241

**Current Mailing Address:**

8101 COASH ROAD  
SARASOTA, FL 34241 US

**FEI Number:** 04-3585931

**Certificate of Status Desired:** No

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

KNOEBEL, PAGE M  
4118 WINDEMERE PLACE  
SARASOTA, FL 34231 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

**Officer/Director Detail :**

Title PD  
Name KNOEBEL, PAGE M  
Address 4118 WINDEMERE PLACE  
City-State-Zip: SARASOTA FL 34231

Title PD  
Name GIBLIN, MICHAEL  
Address 4118 WINDEMERE PL  
City-State-Zip: SARASOTA FL 34231

Title SD  
Name HARVOTH, SUE  
Address 730 W 66TH AVE  
City-State-Zip: MERRILLVILLE IN 46410

Title TD  
Name KNOEBEL, DAVID  
Address PO BOX 312  
City-State-Zip: ELYSBURG PA 17824

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAGE M. KNOEBEL

**PRESIDENT**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date