

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002016

**Entity Name:** HOLE N THE WATER, LLC

**Current Principal Place of Business:**

1204 SUNCAST LANE  
SUITE 2  
EL DORADO HILLS, CA 95762

**Current Mailing Address:**

1204 SUNCAST LANE  
SUITE 2  
EL DORADO HILLS, CA 95762 US

**FEI Number:** 20-0572143

**Certificate of Status Desired:** No

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

PALMA, ANTHONY MR.  
390 N. ORANGE AVE.  
SUITE 1100  
ORLANDO, FL 32801 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 MGRM  
Name JOHNNY DAVID DAMON INTERVIVOS TRUST  
Address 1204 SUNCAST LN, STE 2  
City-State-Zip: EL DORADO HILLS CA 95762

Title MGRM  
Name DAMON, MADELYN LMS.  
Address 1204 SUNCAST LN, STE 2  
City-State-Zip: EL DORADO HILLS CA 95762

Title MGRM  
Name DAMON, JACKSON SMR.  
Address 1204 SUNCAST LN, STE 2  
City-State-Zip: EL DORADO HILLS CA 95762

*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:** JOHNNY D DAMON

**MANAGER**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date