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.

MANAGER

SIGNATURE: JAMES G. SKOFRONICK

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L08000084548

Entity Name: 776 MIDDLE CREEK, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

441 MCDANIEL STREET TALLAHASSEE, FL 32303

### **Current Mailing Address:**

441 MCDANIEL STREET TALLAHASSEE, FL 32303

# FEI Number: 80-0257768

### Name and Address of Current Registered Agent:

SKOFRONICK, JAMES G. 441 MCDANIEL STREET TALLAHASSEE, FL 32303 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	E: JAMES G. SKOFRONICK				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	AUTHORIZED MEMBER		
Name	SKOFRONICK, JAMES G	Name	SKOFRONICK, DOROTHY N.		
Address	441 MCDANIEL STREET	Address	441 MCDANIEL STREET		
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303		

## Certificate of Status Desired: No

FILED Feb 03, 2016 Secretary of State CC9460870523

> 02/03/2016 Date