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	: JAMES G. SKOFRONICK			04/29/2019
	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	

#### **Current Principal Place of Business:** 441 MCDANIEL STREET TALLAHASSEE, FL 32303

DOCUMENT# L08000084548

Entity Name: 776 MIDDLE CREEK, LLC

#### **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

# 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: JAMES G. SKOFRONICK

MANAGING MEMBER

City-State-Zip: TALLAHASSEE FL 32303

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2019

Secretary of State

3380284780CC

04/29/2019

Date

### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# SIGNA

City-State-Zip: TALLAHASSEE FL 32303