

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113125

Entity Name: CALATERRA LLC**Current Principal Place of Business:**559 W. TWINCOURT TRAIL
#603
ST AUGUSTINE, FL 32095**Current Mailing Address:**3231 LORI CT
ROSEVILLE, CA 95747 US**FEI Number:** 27-3817777**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF CURTIS & ASSOCIATES, P.A.
701 MARKET STREET
UNIT 109
ST AUGUSTINE, FL 32095 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 POPE, FRANK T
Address 3231 LORI CT.
City-State-Zip: ROSEVILLE CA 95747Title MGRM
Name POPE, IRENE R
Address 3231 LORI CT.
City-State-Zip: ROSEVILLE CA 95747Title MGRM
Name POPE, IRENE
Address 1390 SKI RUN BLVD, #1
City-State-Zip: SOUTH LAKE TAHOE CA 96150Title MGRM
Name ROBINSON, JEFFERY A
Address 304 AVENIDA MADRID
City-State-Zip: SAN CLEMENTE CA 92672Title MGRM
Name POPE-ROBINSON, KIMBERLY A
Address 304 AVENIDA MADRID
City-State-Zip: SAN CLEMENTE CA 92672

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: FRANK POPE**MEMBER MANAGER****03/07/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date