## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000030504

Entity Name: NATURE COAST FISHING ADVENTURES LLC

**Current Principal Place of Business:** 

4900 N E 8TH ST OCALA, FL 34470

**Current Mailing Address:** 

4900 N E 8TH ST OCALA, FL 34470

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLESHMAN, RICHARD L 4900 N E 8TH ST OCALA, FL 34470 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

FILED Jan 12, 2017

**Secretary of State** 

CC5874909636

## Authorized Person(s) Detail:

Title MGRM

Name FLESHMAN, RICHARD L

Address 4900 N E 8TH ST City-State-Zip: OCALA FL 34470

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: RICHARD FLESHMAN

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

01/12/2017