

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112046

**Entity Name:** WHITEFISH HIDEAWAY, LLC

**Current Principal Place of Business:**

343 NW COLE TERRACE, SUITE 201  
LAKE CITY, FL 32055

**Current Mailing Address:**

343 COLE TERRACE  
SUITE 201  
LAKE CITY, FL 32055

**FEI Number:** 45-3540399

**Certificate of Status Desired:** No

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

LINTON, MICAH  
343 NW COLE TERRACE, SUITE 201  
LAKE CITY, FL 32055 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 MGR  
Name LINTON, MICAH  
Address 343 NW COLE TERRACE, SUITE 201  
City-State-Zip: LAKE CITY FL 32055

*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:** MICAH LINTON

MGRM

02/27/2014

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

\_\_\_\_\_ Date