

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131761

Entity Name: LITTLE ALLIGATOR CREEK, LLC

Current Principal Place of Business:

482 E TARPON BLVD NW
PORT CHARLOTTE, FL 33952

Current Mailing Address:

482 E TARPON BLVD NW
PORT CHARLOTTE, FL 33952

FEI Number: 36-4714256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERRY, FRANK L SR.
490 E. TARPON BLVD. NW
PORT CHARLOTTE, FL 33952 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 KERSTETTER, JANE
Address 10 HAMPDEN RD
City-State-Zip: STAFFORD SPRINGS CT 06076

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: JANE KERSTETTER

MGRM

01/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date