

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159085

**Entity Name:** EAGLE CREEK, LLC

**Current Principal Place of Business:**

3413 S SAXXON ROAD  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

PO BOX 600309  
JACKSONVILLE, FL 32260

**FEI Number:** 46-1611056

**Certificate of Status Desired:** No

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

STEIGHNER, NEIL A  
3413 S SAXXON ROAD  
ST AUGUSTINE, FL 32092 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           MANAGING MEMBER  
Name           STEIGHNER, NEIL A  
Address        PO BOX 600309  
City-State-Zip: JACKSONVILLE FL 32260

*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:** NEIL A. STEIGHNER

MANAGING MEMBER

01/14/2021

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

\_\_\_\_\_ Date