

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000058332

Entity Name: SFRO HOLDINGS, LLC**Current Principal Place of Business:**2270 COLONIAL BOULEVARD
FORT MYERS, FL 33907**Current Mailing Address:**2270 COLONIAL BOULEVARD
FORT MYERS, FL 33907 US**FEI Number:** 80-0916927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name SPALDING, WILLIAM R.
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name ELROD, JAMES
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name ROSNER, ROBERT
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title CEO
Name RUNDELL, PAUL
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title CFO
Name STAUT, DOUG
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name HOWARD, BLAKE
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name DELANOIS, GARY
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title ASST. SECRETARY
Name JACKSON, SARAH
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

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: BLAKE HOWARD**TREASURER****04/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date