

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000164631

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC5098362653**

**Entity Name:** COLONIAL CORPORATE CENTER LLC

**Current Principal Place of Business:**

23421 WALDEN CENTER DRIVE-SUITE #300  
ESTERO, FL 34134

**Current Mailing Address:**

23421 WALDEN CENTER DRIVE-SUITE #300  
ESTERO, FL 34134 US

**FEI Number:** 46-4322994

**Certificate of Status Desired:** No

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

DENTI, KEVIN A P.A.  
2180 IMMOKALEE ROAD SUITE #316  
NAPLES, FL 34110 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	Title	MGR
Name	HAGENBUCKLE, WALTER S	Name	GRAY, ROBERT M
Address	23421 WALDEN CENTER DRIVE-SUITE #300	Address	23421 WALDEN CENTER DRIVE-SUITE #300
City-State-Zip:	ESTERO FL 34134	City-State-Zip:	ESTERO FL 34134

*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:** WALTER S HAGENBUCKLE

**MGR**

**03/12/2018**

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

\_\_\_\_\_  
Date