

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000018741

**Entity Name:** SURTERRA FLORIDA, LLC

**Current Principal Place of Business:**

1639 VILLAGE SQUARE BLVD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

116 EAST FOURTH STREET  
OCILLA, GA 31774 US

**FEI Number:** 47-3909681

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 BERGMANN, R. JAKE  
Address 1639 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name VAN DYK, WES  
Address 1639 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name HAVENICK, ALEXANDER  
Address 1639 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name BECKER, JASON  
Address 1639 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32308

Title MGR  
Name DEMOTT, JEFFREY  
Address 1639 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER  
Name HAVENICK, MICHAEL  
Address 1639 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

*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:** R. JAKE BERGMANN

CEO

01/12/2017

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

\_\_\_\_\_  
Date