## 2016 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:** 

1639 VILLAGE SQUARE BLVD TALLAHASSEE, FL 32309 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 Title MGR

Name BERGMANN, R. JAKE Name VAN DYK, WES

Address 1639 VILLAGE SQUARE BLVD Address 1639 VILLAGE SQUARE BLVD

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32309

Title MGR Title MGR

Name HAVENICK, ALEXANDER Name BECKER, JASON

Address 1639 VILLAGE SQUARE BLVD Address 1639 VILLAGE SQUARE BLVD

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32308

Title MGR Title MANAGER

Name DEMOTT, JEFFREY Name HAVENICK, MICHAEL

Address 1639 VILLAGE SQUARE BLVD Address 1639 VILLAGE SQUARE BLVD

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER

Name DRISCOLL, SUSAN

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: SUSAN DRISCOLL PRESIDENT 03/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 04, 2016

**Secretary of State** 

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