

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000202122

Entity Name: BLACK CREEK BLUFF LLC**Current Principal Place of Business:**414 OLD HARD RD
FLEMING ISLAND, FL 32003**Current Mailing Address:**414 OLD HARD RD
FLEMING ISLAND, FL 32003 US**FEI Number:** 85-2510902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, ERIK H
414 OLD HARD RD
FLEMING ISLAND, FL 32003 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 AMBR
Name WOOD DEVELOPMENT COMPANY OF JACKSONVILLE
Address 414 OLD HARD RD - SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title CFO, VP
Name WILSON, ERIK H
Address 414 OLD HARD RD - SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title VP
Name WOOD, SUSAN D
Address 414 OLD HARD RD - SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title AMBR
Name W.R.HOWELL COMPANY
Address 4545 ORTEGA BLVD
City-State-Zip: JACKSONVILLE FL 32010

Title PRES
Name WOOD, JAMES R
Address 414 OLD HARD RD - SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

Title SEC
Name SPENCER, SANDRA S
Address 414 OLD HARD RD - SUITE 502
City-State-Zip: FLEMING ISLAND FL 32003

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: SANDRA S SPENCER

S

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date