

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023770

**Entity Name:** CAPE SAN BLAS BED AND BREAKFAST, L.L.C.

**Current Principal Place of Business:**

4950 CAPE SAN BLAS ROAD  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

746 AMSTERDAM AVENUE NE  
ATLANTA, GA 30306

**FEI Number:** 73-1658449

**Certificate of Status Desired:** No

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

COSTIN, CHARLES A  
413 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456 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 MGRM  
Name KUGLAR, BRITT  
Address 746 AMSTERDAM AVE NE  
City-State-Zip: ATLANTA GA 30306

*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:** BRITT KUGLAR

**PRESIDENT / OWNER**

**03/31/2015**

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

\_\_\_\_\_  
Date