

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006878

**Entity Name:** VILLA MARLIN, L.L.C.

**Current Principal Place of Business:**

12374 US HIGHWAY 19  
HUDSON, FL 34667

**Current Mailing Address:**

5020 SKYLINE BLVD  
CAPE CORAL, FL 33914 US

**FEI Number:** 20-2707475

**Certificate of Status Desired:** No

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

NEHODA, STEVE R  
5020 SKYLINE BLVD  
CAPE CORAL, FL 33914 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                | Title           | AUTHORIZED MEMBER   |
| Name            | NEHODA, STEVE R     | Name            | NEHODA, SHANNON L   |
| Address         | 5020 SKYLINE BLVD   | Address         | 12374 US HIGHWAY 19 |
| City-State-Zip: | CAPE CORAL FL 33914 | City-State-Zip: | HUDSON FL 34667     |

*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:** STEVE R NEHODA

MGRM

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date