

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057762

**Entity Name:** OCEAN'S BREEZE, L.L.C.

**Current Principal Place of Business:**

320 1ST STREET NORTH,  
#614  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

PO BOX 51559  
JACKSONVILLE BEACH, FL 32240-1559

**FEI Number:** 20-2154701

**Certificate of Status Desired:** No

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

KISNAD, HITEN  
320 1ST STREET NORTH  
#614,  
JACKSONVILLE BEACH, FL 32250 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 KISNAD, HITEN  
Address 320 1ST STREET NORTH, #614,  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGRM  
Name KISNAD, NEETA  
Address 320 1ST STREET NORTH, #614,  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HITEN KISNAD

**MGRM**

**04/03/2013**

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

\_\_\_\_\_  
Date