

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081403

**Entity Name:** I D P, LLC

**Current Principal Place of Business:**

317 BASE LEG DRIVE  
EDGEWATER, FL 32132

**Current Mailing Address:**

P O BOX 936  
EDGEWATER, FL 32132 US

**FEI Number:** 20-3328694

**Certificate of Status Desired:** No

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

LOVE, DAVID S  
317 BASE LEG DRIVE  
EDGEWATER, FL 32132 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 LOVE, SYDNEY S  
Address 1751 AIRPARK RD  
City-State-Zip: EDGEWATER FL 32132

Title MGRM  
Name LOVE, DAVID S  
Address 1351 SCARLETT TRAIL  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** SYDNEY S LOVE

**MGRM**

**02/03/2016**

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

\_\_\_\_\_  
Date