

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114955

**Entity Name:** IRVINE LLC

**Current Principal Place of Business:**

1001 AVENIDA DEL CIRCO  
VENICE, FL 34285

**Current Mailing Address:**

PO BOX 423  
ANACORTES, WA 98221

**FEI Number:** 35-2374232

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

BOONE, STEPHEN K  
1001 AVENIDA DEL CIRCO  
VENICE, FL 34285 US

**Certificate of Status Desired:** No

**FILED  
Feb 18, 2014  
Secretary of State  
CC8788925755**

**FILING CANCELLED  
RETURNED CHECK**

*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 THE HERIGAGE TRUST, DARRILYN BORBA TRUSTEE  
Address 4120 ISLANDER WAY  
City-State-Zip: ANACORTES WA 98221

Title MGRM  
Name HARVEY, NEAL L  
Address 3113 H AVE  
City-State-Zip: ANACORTES WA 98221

*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:** NEAL HARVEY

**MANAGING MEMBER**

**02/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date