

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106929

**Entity Name:** EVERGLADES INN WITH SPA, LLC

**Current Principal Place of Business:**

4954 BOXWOOD WAY  
NAPLES, FL 34116

**Current Mailing Address:**

4954 BOXWOOD WAY  
NAPLES, FL 34116 US

**FEI Number:** 27-3672907

**Certificate of Status Desired:** No

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

BOWEN, PATRICIA  
4954 BOXWOOD WAY  
NAPLES, FL 34116 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 BOWEN, PATRICIA  
Address 4954 BOXWOOD WAY  
City-State-Zip: NAPLES FL 34116

*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:** PATRICIA BOWEN

MGRM

02/13/2015

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

\_\_\_\_\_  
Date