

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074074

**Entity Name:** ALL SEASONS PS LLC

**Current Principal Place of Business:**

3420 WILLARD STREET  
FORT MYERS, FL 33916

**Current Mailing Address:**

5797 BEECHWOOD TRL  
FT MYERS, FL 33919 US

**FEI Number:** 45-2580964

**Certificate of Status Desired:** No

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

MADIA, JOSEPH  
1136 NE PINE ISLAND ROAD  
CAPE CORAL, FL 33909 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:** JOSEPH MADIA

05/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DEPALMA, JOSEPH  
Address 3420 WILLARD STREET  
City-State-Zip: FORT MYERS FL 33916

*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:** JOSEPH DEPALMA

MANAGER

05/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date