

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084212

**Entity Name:** 417 BELLE ISLE,LLC

**Current Principal Place of Business:**

125 - 15 TH STREET  
BELLEAIR BEACH, FL 33786

**Current Mailing Address:**

125 - 15 TH STREET  
BELLEAIR BEACH, FL 33786 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GAGNON, BRIAN R  
125 - 15 TH STREET  
BELLEAIR BEACH, FL 33786 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 GAGNON, BRIAN R  
Address 125 - 15 TH STREET  
City-State-Zip: BELLEAIR BEACH FL 33786

Title MGRM  
Name GAGNON, KAREN I  
Address 125 - 15TH STREET  
City-State-Zip: BELLEAIR BEACH FL 33786

*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:** KAREN GAGNON

**OFFICER**

**03/04/2016**

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

\_\_\_\_\_  
Date