

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000022301

**Entity Name:** FOUR SEAS VILLA, LLC.

**Current Principal Place of Business:**

2027 SE 25TH LANE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

5928 B AVENUE  
PIERSON, IA 51048

**FEI Number:** 90-0794905

**Certificate of Status Desired:** No

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

CARR, DAVID M  
501 NORTH MORGAN STREET  
SUITE 203  
TAMPA, FL 33602 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 SEABLUM, JULIE  
Address 5928 B AVENUE  
City-State-Zip: PIERSON IA 51048

Title MGRM  
Name SEABLUM, ARLEN  
Address 5928 B AVENUE  
City-State-Zip: PIERSON IA 51048

Title MGRM  
Name SEABLUM, NORMAN  
Address 48292 C66  
City-State-Zip: PIERSON IA 51048

Title MGRM  
Name SEABLUM, LEANNE  
Address 48292 C66  
City-State-Zip: PIERSON IA 51048

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE SEABLUM

MGRM

02/04/2013

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

\_\_\_\_\_  
Date