

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000112994

**Entity Name:** SURFSIDE SERVICES, LLC

**Current Principal Place of Business:**

15771 82ND STREET N.  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15771 82ND STREET N.  
LOXAHATCHEE, FL 33470

**FEI Number:** 46-0878531

**Certificate of Status Desired:** No

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

KIMBALL, DEREK P  
15771 82ND STREET N.  
LOXAHATCHEE, FL 33470 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	MGR	Title	AUTHORIZED MEMBER
Name	KIMBALL, DEREK P	Name	KIMBALL, ALISSA D
Address	15771 82ND STREET N.	Address	15771 82ND STREET N.
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

Title AUTHORIZED REPRESENTATIVE  
 Name ORBERG, MARK M  
 Address 15771 82ND STREET N.  
 City-State-Zip: LOXAHATCHEE FL 33470

*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:** DEREK P. KIMBALL

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date