

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000052088

**Entity Name:** BAYBREEZE ISLAND, LLC

**Current Principal Place of Business:**

505 5TH AVE  
# E  
NAPLES, FL 34102

**Current Mailing Address:**

505 5TH AVE  
# E  
NAPLES, FL 34102

**FEI Number:** 46-2498660

**Certificate of Status Desired:** No

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

LEVINE, DONIEL  
505 5TH AVE  
# E  
NAPLES, FL 34102 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 LEVINE, DONIEL  
Address 505 5TH AVE # E  
City-State-Zip: NAPLES FL 34102

Title MGRM  
Name LEVINE, TAMAR  
Address 505 5TH AVE # E  
City-State-Zip: NAPLES FL 34102

*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:** TAMAR LEVINE

MGRM

04/30/2014

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

\_\_\_\_\_  
Date