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.

MGRM

SIGNATURE: TAMAR LEVINE

Electronic Signature of Signing Authorized Person(s) Detail

2015 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

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

Authorized Person(s) Detail :

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

Certificate of Status Desired: No

FILED Apr 28, 2015 Secretary of State CC9645988031

04/28/2015

Date

Date