

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000075794

**Entity Name:** JULIE SURFS LLC

**Current Principal Place of Business:**

649 TREEHOUSE CIRCLE  
SAINT AUGUSTINE, FL 32905

**Current Mailing Address:**

649 TREEHOUSE CIRCLE  
SAINT AUGUSTINE, FL 32905 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CATALANO, JULIE  
649 TREEHOUSE CIRCLE  
SAINT AUGUSTINE, FL 32905 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            OWNER  
Name            JULIE CATALANO  
Address        649 TREEHOUSE CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32905

*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:** JULIE CATALANO

MISS

04/14/2016

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

\_\_\_\_\_ Date