## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000090388

Entity Name: ISLAND PARTCO, LLC

**Current Principal Place of Business:** 

9343 COUNTY RD. 561 CLERMONT, FL 34711

**Current Mailing Address:** 

9343 COUNTY RD. 561 CLERMONT, FL 34711 US

FEI Number: 47-1045060 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCARRON CPAS 628 ELLEN DRIVE WINTER PARK, FL 32789 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: DAVID J MCCARRON 01/23/2025

Electronic Signature of Registered Agent

Date

FILED Jan 23, 2025

**Secretary of State** 

3644139732CC

Authorized Person(s) Detail:

Title AMBR Title VP

Name KRACHT, MARK A Name KRACHT, TERRI

Address 9343 COUNTY RD. 561 Address 9343 COUNTY RD. 561

City-State-Zip: CLERMONT FL 34711 City-State-Zip: CLERMONT FL 34711

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.

**AMBR** 

SIGNATURE: MARK A KRACHT

Electronic Signature of Signing Authorized Person(s) Detail

01/23/2025

Date