

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137436

**Entity Name:** ISLE OF CHARLESTON, LLC

**Current Principal Place of Business:**

2364 MERRIWEATHER WAY  
WELLINGTON, FL 33414

**FILED**  
**Jan 31, 2018**  
**Secretary of State**  
**CC4535667894**

**Current Mailing Address:**

4700 NW BOCA RATON BLVD  
202  
BOCA RATON, FL 33431 US

**FEI Number: 32-0451304**

**Certificate of Status Desired: No**

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

ELO ENTERPRISES, INC  
4700 NW BOCA RATON BLVD  
202  
BOCA RATON, FL 33431 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            AMBR  
Name            ALPHA ISLE, INC  
Address        2364 MERRIWEATHER WAY  
City-State-Zip: WELLINGTON FL 33414

Title            MBR  
Name            HAYM, ILAN  
Address        2364 MERRIWEATHER WAY  
City-State-Zip: WELLINGTON FL 33414

Title            MBR  
Name            HAYM, JOSE ROBERTO  
Address        2364 MERRIWEATHER WAY  
City-State-Zip: WELLINGTON FL 33414

*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: ALPHA ISLE, INC**

**AMBR**

**01/31/2018**

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

\_\_\_\_\_  
Date