

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000195212

**Entity Name:** ISLAND VIEW II, LLC

**Current Principal Place of Business:**

301 PALERMO CIRCLE  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

PO BOX 2820  
FORT MYERS BEACH, FL 33932 US

**FEI Number:** 47-2658889

**Certificate of Status Desired:** No

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

SALVATORI, WOOD & BUCKEL P.L.  
9132 STRADA PLACE  
4TH FLOOR  
NAPLES, FL 34108 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	MGR	Title	MGR
Name	TORGERSON, THOMAS R	Name	TORGERSON, MARI J
Address	PO BOX 2820	Address	PO BOX 2820
City-State-Zip:	FORT MYERS BEACH FL 33932	City-State-Zip:	FORT MYERS BEACH FL 33932

*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:** MARI TORGERSON

**MANAGER**

**05/27/2020**

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

\_\_\_\_\_  
Date