

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103109

**Entity Name:** HEMINGWAYS HIDEAWAY LLC

**Current Principal Place of Business:**

4616 SOUTH ATLANTIC AVE  
B  
PONCE INLET, FL 32127

**Current Mailing Address:**

4616 SOUTH ATLANTIC AVE  
B  
PONCE INLET, FL 32127

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALLEN, SUSAN  
4616 SOUTH ATLANTIC AVE  
B  
PONCE INLET, FL 32127 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/PRESIDENT  
Name            ALLEN, SUSAN  
Address        4616 SOUTH ATLANTIC AVE  
                  B  
City-State-Zip: PONCE INLET FL 32127

*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:** SUSAN ALLEN

**OWNER**

**05/01/2016**

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

\_\_\_\_\_  
Date