

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000012386

**Entity Name:** ILIC FLORIDA, LLC

**Current Principal Place of Business:**

6105 SPIRIT LAKE RD  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

PO BOX 1070  
BARTOW, FL 33831 US

**FEI Number:** 81-1215511

**Certificate of Status Desired:** No

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

POMEROY, AMY  
6105 SPIRIT LAKE RD  
WINTER HAVEN, FL 33880 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, CHAIRMAN, PRESIDENT  
Name BOLING JR, FRED  
Address 6105 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

Title VP OF FINANCE  
Name POMEROY, AMY B  
Address 6105 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

Title SECRETARY, TREASURER  
Name ACCURSO, JEAN M  
Address 227 IRENHYL AVE  
City-State-Zip: RYE BROOK NY 10573

Title ASST. SECRETARY, ASST. TREASURER  
Name CONNER, AMANDA S  
Address 6105 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

*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:** AMY B POMEROY

VP FINANCE

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date