## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000041066

Entity Name: ESCARDON, LLC

#### **Current Principal Place of Business:**

406 S. COCONUT PALM BLVD TAVERNIER, FL 33070

### **Current Mailing Address:**

406 S. COCONUT PALM BLVD TAVERNIER, FL 33070

### FEI Number: 81-1607612

# Name and Address of Current Registered Agent:

HORTON, DONALD W 406 S. COCONUT PALM BLVD TAVERNIER, FL 33070 US

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

| Title                      | AMBR  | Title           | AMBR                       |
|----------------------------|---|-----------------|----------------------------|
| Name                       | HORTON, DONALD W                              | Name            | STEPHENS, EDWARD S         |
| Address                    | 406 S. COCONUT PALM BLVD                      | Address         | 88005 OVERSEAS HWY, STE 10 |
| City-State-Zip:            | TAVERNIER FL 33070                            | City-State-Zip: | ISLAMORADA FL 33036        |
|                            |   |                 |                            |
| Title                      | AMBR  |                 |                            |
| Name                       | BAHN, CARLA L                                 |                 |                            |
|                            |   |                 |                            |
| Address                    | 85999 OVERSEAS HIGHWAY                        |                 |                            |
| Address<br>City-State-Zip: | 85999 OVERSEAS HIGHWAY<br>ISLAMORADA FL 33036 |                 |                            |

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: CARLA L. BAHN

AMBR

Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 02, 2018 Secretary of State CC7906529260