

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072023

**Entity Name:** 136 CRYSTAL BEACH AVE CRYSTAL BEACH FL LLC

**Current Principal Place of Business:**

1122 ANCHOR AVE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1122 ANCHOR AVE  
THE VILLAGES, FL 32162 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

LOWE, ROSALYN M  
1122 ANCHOR AVE  
THE VILLAGES, FL 32162 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            | LOWE, ROSALYN M       | Name            | LOWE, CABELL L JR     |
| Address         | 1122 ANCHOR AVE       | Address         | 1122 ANCHOR AVE       |
| City-State-Zip: | THE VILLAGES FL 32162 | City-State-Zip: | THE VILLAGES FL 32162 |

*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:** ROSALYN LOWE

**TREASURER**

**01/09/2018**

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

\_\_\_\_\_  
Date