

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000038989

**Entity Name:** HOWIE'S RETREAT, LLC**Current Principal Place of Business:**6989 SEMINOLE BOULEVARD  
#6  
SEMINOLE, FL 33772**Current Mailing Address:**6989 SEMINOLE BOULEVARD  
#6  
SEMINOLE, FL 33772**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOUG BURNS, PA  
2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764 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  
Name LUCAS, SCOTT  
Address 6989 SEMINOLE BLVD UNIT 6  
City-State-Zip: SEMINOLE FL 33772

Title MANAGER  
Name HEARN, JENNIFER  
Address 6989 SEMINOLE BOULEVARD  
#6  
City-State-Zip: SEMINOLE FL 33772

Title MANAGER  
Name CAVALCANTI, DENNIS  
Address 6989 SEMINOLE BOULEVARD  
#6  
City-State-Zip: SEMINOLE FL 33772

Title MANAGER  
Name GREEN, KEVIN  
Address 6989 SEMINOLE BOULEVARD  
#6  
City-State-Zip: SEMINOLE FL 33772

Title MANAGER  
Name LONG, MARK  
Address 6989 SEMINOLE BOULEVARD  
#6  
City-State-Zip: SEMINOLE FL 33772

*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: KEVIN GREEN****MGR****05/05/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date