

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000081376

**Entity Name:** BELLE GLADE LIONS CLUB LLC**Current Principal Place of Business:**300 DR. MARTIN LUTHER KING JR. BLVD EAST  
BELLE GLADE, FL 33430**Current Mailing Address:**P.O. BOX 51  
BELLE GLADE, FL 33430**FEI Number:** 59-6169986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVA, YUSIMY  
108 SE AVE D  
BELLE GLADE, FL 33430 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	SUTTERFIELD, MARK E II
Address	38840 SR 80
City-State-Zip:	BELLE GLADE FL 33430

Title	AP
Name	GRIMES, MELANIE
Address	1733 SE AVE H PL.
City-State-Zip:	BELLE GLADE FL 33430

Title	AP
Name	DULANY, PHIL
Address	404 NE 3RD ST.
City-State-Zip:	BELLE GLADE FL 33430

Title	AP
Name	SILVA, YUSIMY
Address	108 SE AVE D
City-State-Zip:	BELLE GLADE FL 33430

Title	AP
Name	WOODHAM, LEIGH
Address	833 FLEMING DR.
City-State-Zip:	BELLE GLADE FL 33430

*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:** YUSIMY D. SILVA**TREASURER****01/14/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date