

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000129660

**Entity Name:** ALL SEASONS LLC

**Current Principal Place of Business:**

3559 SILVER OAK COURT  
LAKE WALES, FL 33898

**Current Mailing Address:**

P. O. BOX 8147  
LAKESHORE , FL 33854 US

**FEI Number:** 32-0536959

**Certificate of Status Desired:** No

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

THOMPSON, PAUL S  
3559 SILVER OAK COURT  
LAKE WALES, FL 33898 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 THOMPSON, PAUL S  
Address 3559 SILVER OAK COURT  
City-State-Zip: LAKE WALES FL 33898

Title MGR  
Name THOMPSON, KIM M  
Address 3559 SILVER OAK COURT  
City-State-Zip: LAKE WALES FL 33898

*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:** PAUL THOMPSON

**MANAGER**

**04/26/2019**

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

\_\_\_\_\_  
Date