

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000075636

**Entity Name:** FLAM ISLAND, LLC

**Current Principal Place of Business:**

1101 BRICKELL AVE,  
SOUTH TOWER 8TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

11250 OLD ST. AUGUSTINE RD.  
15-261  
JACKSONVILLE, FL 32257 US

**FEI Number:** 82-4908380

**Certificate of Status Desired:** Yes

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

PAUL L. GLANCE PA, CPAS  
9100 NW. 36 STREET  
SUITE 105  
DORAL, FL 33178 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 DAVIS, JAMES R III  
Address 11250 OLD ST. AUGUSTINE ST. SUITE  
15-261  
City-State-Zip: JACKSONVILLE FL 32257

*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:** JAMES R, DAVIS

MGR

04/30/2019

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

\_\_\_\_\_  
Date