

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000149785

**Entity Name:** ISLAND BREEZE POOL SERVICE, LLC

**Current Principal Place of Business:**

3207 W BAY VISTA AVENUE  
TAMPA, FL 33611

**Current Mailing Address:**

3207 W BAY VISTA AVENUE  
TAMPA, FL 33611 US

**FEI Number:** 83-0983337

**Certificate of Status Desired:** Yes

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

EVANS, DONALD J  
3207 W BAY VISTA AVENUE  
TAMPA, FL 33611 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           | AMBR                 |
| Name            | EVANS, DONALD J         | Name            | EVANS, SHEILA W      |
| Address         | 3207 W BAY VISTA AVENUE | Address         | 8625 MAGNOLIA STREET |
| City-State-Zip: | TAMPA FL 33611          | City-State-Zip: | GIBSONTON FL 33534   |

*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:** DONALD J EVANS

**MGR**

**02/05/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date