

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000162583

**Entity Name:** IDLEWILD SOUTH, LLC

**Current Principal Place of Business:**

2105 CALUSA LAKES BOULEVARD  
NOKOMIS, FL 34275

**Current Mailing Address:**

2105 CALUSA LAKES BOULEVARD  
NOKOMIS, FL 34275 US

**FEI Number: 86-3435238**

**Certificate of Status Desired: Yes**

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

SHELBOURNE, ROBERT E  
2105 CALUSA LAKES BOULEVARD  
NOKOMIS, FL 34275 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 SHELBOURNE, ROBERT E  
Address 2105 CALUSA LAKES BOULEVARD  
City-State-Zip: NOKOMIS FL 34275

Title MGR  
Name SHELBOURNE, FLORENCE N  
Address 2105 CALUSA LAKES BOULEVARD  
City-State-Zip: NOKOMIS FL 34275

Title AR  
Name FAHS, JON R JR.  
Address 227 NOKOMIS AVENUE S  
City-State-Zip: VENICE FL 34285

*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: ROBERT SHELBOURNE**

**MANAGER**

**03/21/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date