

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000556456

**Entity Name:** FISHERMAN'S ESCAPE, LLC

**Current Principal Place of Business:**

670 POST OAK CIRCLE  
#122  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

670 POST OAK CIRCLE  
#122  
ALTAMONTE SPRINGS, FL 32701 UN

**FEI Number:** 99-1802968

**Certificate of Status Desired:** Yes

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

LOIZIDES, LAINA  
670 POST OAK CIRCLE  
#122  
ALTAMONTE SPRINGS, FL 32701 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 LOIZIDES, LAINA  
Address 670 POST OAK CIRCLE, #122  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** LAINA LOIZIDES

**MANAGER**

**03/24/2024**

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

\_\_\_\_\_  
Date