

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041524

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** ISLAND BREEZE HOME SERVICES, LLC

**Current Principal Place of Business:**

4365 BERKSHIRE ROAD  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 524  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

**FEI Number:** 06-1813950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, RICHARD L  
4365 BERKSHIRE ROAD  
ST. JAMES CITY, FL 33956 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALVAREZ, RICHARD L  
**Address:** 4365 BERKSHIRE ROAD  
**City-St-Zip:** ST. JAMES CITY, FL 33956

**Title:** MGRM  
**Name:** DAVIS, TIMOTHY  
**Address:** 4469 BERKSHIRE ROAD  
**City-St-Zip:** ST. JAMES CITY, FL 33956

**Title:** MGRM  
**Name:** ROGERS, GEOFF  
**Address:** 4391 BERKSHIRE ROAD  
**City-St-Zip:** ST. JAMES CITY, FL 33956

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** RICHARD L. ALVAREZ

MGRM

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date