

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032638

**Entity Name:** OUT ISLAND HOLDINGS, LLC

**Current Principal Place of Business:**

5900 SHORE BLVD. SOUTH  
#702  
GULFPORT, FL 33707

**Current Mailing Address:**

5809 20 AV SOUTH  
GULFPORT, FL 33707

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD., SUITE 309  
TAMPA, FL 33629 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	MGR
Name	PIERCE, PATRICIA M	Name	PIERCE, GREGORY J
Address	5809 20 AVE SOUTH	Address	5809 20 AVENUE SOUTH
City-State-Zip:	GULFPORT FL 33707	City-State-Zip:	GULFPORT FL 33707

*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:** PATRICIA PIERCE

**MANAGER**

**01/15/2020**

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

\_\_\_\_\_  
Date