

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098142

**Entity Name:** ISLAND CITY ENTERPRISES LLC

**Current Principal Place of Business:**

1125 PALMETTO DR.  
1125 PALMETTO D  
CEDAR KEY, FL 32625

**Current Mailing Address:**

P.O. BOX 979  
CEDAR KEY, FL 32625

**FEI Number:** 26-1429951

**Certificate of Status Desired:** Yes

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

SCHLEEDE, JOHN F  
1125 PALMETTO DR.  
CEDAR KEY, FL 32625 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           | MGMR               |
| Name            | SCHLEEDE, JOHN F   | Name            | SCHLEEDE, LORI A   |
| Address         | P.O. BOX 979       | Address         | PO BOX 979         |
| City-State-Zip: | CEDAR KEY FL 32625 | City-State-Zip: | CEDAR KEY FL 32625 |

*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:** LORI SCHLEEDE

MGMR

02/17/2020

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

\_\_\_\_\_  
Date