

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081862

**Entity Name:** IDA BELLE, LLC

**Current Principal Place of Business:**

700 CENTRAL AVE  
SUITE 500  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

700 CENTRAL AVE  
SUITE 500  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 27-0768202

**Certificate of Status Desired:** No

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

RAWLS, KATHLEEN  
700 CENTRAL AVE  
SUITE 500  
ST. PETERSBURG, FL 33701 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 MGRM  
Name RAWLS, KATHLEEN  
Address 700 CENTRAL AVE  
SUITE 500  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGRM  
Name RAWLS, ED  
Address 655 16TH AVE NE  
City-State-Zip: ST. PETERSBURG FL 33704

*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:** KATHLEEN RAWLS

**MANAGING MEMBER**

**02/16/2016**

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

\_\_\_\_\_  
Date