

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029446

**Entity Name:** ALOHA EYEWEAR, LLC

**Current Principal Place of Business:**

9500 NW 193RD STREET  
MICANOPY, FL 32667

**Current Mailing Address:**

9500 NW 193RD STREET  
MICANOPY, FL 32667

**FEI Number:** 27-2572323

**Certificate of Status Desired:** No

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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 CARNES, LISA  
Address 9500 NW 193RD STREET  
City-State-Zip: MICANOPY FL 32667

Title MGRM  
Name CARNES, LLOYD  
Address 9500 NW 193RD STREET  
City-State-Zip: MICANOPY FL 32667

Title MGRM  
Name CARNES, MITCHELL  
Address 2841 SW 13TH STREET #J139  
City-State-Zip: GAINESVILLE FL 32608

*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:** LISA CARNES

MGRM

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date