

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104791

**Entity Name:** IH FIRST COAST, LLC

**Current Principal Place of Business:**

6522 GUNN HWY  
TAMPA, FL 33625

**Current Mailing Address:**

6522 GUNN HWY  
TAMPA, FL 33625

**FEI Number:** 45-3435769

**Certificate of Status Desired:** No

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

FLINT, SARA K  
6522 GUNN HWY  
TAMPA, FL 33625 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           MANAGER  
Name           DAY, LESLIE  
Address        6522 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33625

Title           PRESIDENT, MANAGER  
Name           ROLLER, ADAM  
Address        6522 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33625

Title           TREASURER, ASST. SECRETARY  
Name           FLINT, SARA K  
Address        6522 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33625

Title           S  
Name           LYNCH, PAUL  
Address        101 E KENNEDY BLVD, SUITE 2800  
City-State-Zip: TAMPA FL 33602

*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:** SARA FLINT

**REGISTERED AGENT**

**04/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date