**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 10, 2015**
**Secretary of State**
**CC0872937004**

DOCUMENT# L12000022301

**Entity Name:** FOUR SEAS VILLA, LLC.

**Current Principal Place of Business:**

2027 SE 25TH LANE
CAPE CORAL, FL 33904

**Current Mailing Address:**

5928 B AVENUE
PIERSON, IA 51048

**FEI Number: 90-0794905**

**Certificate of Status Desired:** No

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

CARR, DAVID M
501 NORTH MORGAN STREET
SUITE 203
TAMPA, FL 33602 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 | Title | MGRM |
| Name | SEABLOM, JULIE | Name | SEABLOM, ARLEN |
| Address | 5928 B AVENUE | Address | 5928 B AVENUE |
| City-State-Zip: | PIERSON IA 51048 | City-State-Zip: | PIERSON IA 51048 |
| Title | MGRM | Title | MGRM |
| Name | SEABLOM, NORMAN | Name | SEABLOM, LEANNE |
| Address | 48292 C66 | Address | 48292 C66 |
| City-State-Zip: | PIERSON IA 51048 | City-State-Zip: | PIERSON IA 51048 |

*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: JULIE SEABLOM MANAGER 03/10/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date