

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000156784

**Entity Name:** INFINITUDE LLC

**Current Principal Place of Business:**

50 5TH STREET  
SHALIMAR, FL 32579

**Current Mailing Address:**

50 5TH STREET  
SHALIMAR, FL 32579 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

COWEN, STEVEN  
50 5TH STREET  
SHALIMAR, FL 32579 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 COWEN, STEVEN  
Address 50 5TH STREET  
City-State-Zip: SHALIMAR FL 32579

Title MGRM  
Name SMITH, KRISTINA M  
Address 50 5TH STREET  
City-State-Zip: SHALIMAR FL 32579

*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:** STEVEN COWEN

**MANAGER**

**02/22/2015**

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

\_\_\_\_\_  
Date