

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000161736

**Entity Name:** 2040 TARPON BAY DR LLC

**Current Principal Place of Business:**

475 WEDGE DR.  
NAPLES, FL 34103

**Current Mailing Address:**

P.O. BOX 413005  
PMB #56  
NAPLES, FL 34101

**FEI Number:** 47-2309643

**Certificate of Status Desired:** No

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

DEMISAY, MICHELE R  
475 WEDGE DR  
NAPLES, FL 34103 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 MGR  
Name DEMISAY, MICHELE RENE  
Address P.O. BOX 413005, PMB #56  
City-State-Zip: NAPLES FL 34101

*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:** MICHELE RENE DEMISAY

MANAGER

03/08/2015

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

\_\_\_\_\_ Date