

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000163802

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC2550798311**

**Entity Name:** ESCAPE ON THE GULF, LLC

**Current Principal Place of Business:**

2772 WILDWOOD DRIVE  
CLEARWATER, FL 33761

**Current Mailing Address:**

2772 WILDWOOD DRIVE  
CLEARWATER, FL 33761

**FEI Number:** 47-2900498

**Certificate of Status Desired:** Yes

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

HIMES, DONALD S  
2772 WILDWOOD DRIVE  
CLEARWATER, FL 33761 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            AMBR  
Name            HIMES, DONALD S  
Address        2772 WILDWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title            MGR  
Name            HIMES, DONALD S  
Address        2772 WILDWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title            AMBR  
Name            HIMES, TERRI A  
Address        2772 WILDWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title            MGR  
Name            HIMES, TERRI A  
Address        2772 WILDWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33761

*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:** DONALD S HIMES

AMBR

03/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date