

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000198113

**Entity Name:** MERMAID HIDEAWAY LLC

**Current Principal Place of Business:**

142 S MAIN  
AVILLA, IN 46710

**Current Mailing Address:**

PO BOX 560  
AVILLA, IN 46710 UN

**FEI Number: 88-1540446**

**Certificate of Status Desired:** No

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

TAYLOR, TODD T  
1425 NW 26TH PL.  
CAPE CORAL, FL 33993 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 TAYLOR, TODD T  
Address 142 S MAIN  
PO BOX 560  
City-State-Zip: AVILLA IN 46710

*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: TODD T. TAYLOR**

**MANAGER**

**01/24/2023**

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

\_\_\_\_\_ Date