

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000412840

**Entity Name:** ISLAMORADA PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

82909 OLD HIGHWAY APT. 2  
ISLAMORADA, FL 33036

**Current Mailing Address:**

82909 OLD HIGHWAY APT. 2  
ISLAMORADA, FL 33036 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
82909 OLD HIGHWAY  
2  
ISLAMORADA , FL 33036 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            ANGEL, JONATHAN  
Address        82909 OLD HIGHWAY APT. 2  
City-State-Zip: ISLAMORADA FL 33036

Title            AMBR  
Name            SMOLEN-ANGEL, KAJA  
Address        82909 OLD HIGHWAY APT. 2  
City-State-Zip: ISLAMORADA FL 33036

*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:** JONATHAN ANGEL

AMBR

04/26/2025

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

\_\_\_\_\_  
Date