### 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.

MGR

SIGNATURE: REX BARKER

# Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

| Title           | MGR                                    | Title           | MGR                                  |     |
|-----------------|--|-----------------|--------------------------------------|-----|
| Name            | BARKER, REX M                          | Name            | CECIL MILTON                         |     |
| Address         | 3211 PONCE DE LEON BLVD STE 301        | Address         | 3211 PONCE DE LEON                   | 301 |
| City-State-Zip: | MIAMI FL 33134                         | City-State-Zip: | CORAL GABLES FL 33134                |     |
| Title           | MANAGER                                | Title           | MANAGER                              |     |
| Name            | MILTON, JOSEPH                         | Name            | MILTON, FRANK                        |     |
| Name            | MILTON, JUSEPH                         | Name            |                                      |     |
| Address         | 3211 PONCE DE LEON BLVD<br>SUITE 301   | Address         | 3211 PONCE DE LEON BLVD<br>SUITE 301 |     |
| City-State-Zip: | CORAL GABLES FL 33134                  | City-State-Zip: | CORAL GABLES FL 33134                |     |
| Title           | MGR                                    |                 |                                      |     |
| Name            | ZOVLUCK, LYNN                          |                 |                                      |     |
| Address         | 3211 PONCE DE LEON BLVD., SUITE<br>301 |                 |                                      |     |
| City-State-Zip: | CORAL GABLES FL 33134                  |                 |                                      |     |

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:

**Current Mailing Address:** 

3211 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

SUITE 301

3211 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134 US

DOCUMENT# L00000014195

**Current Principal Place of Business:** 

### FEI Number: 65-1055869

### Name and Address of Current Registered Agent:

Entity Name: INTERCOASTAL YACHT CLUB, LLC

ZOVLUCK, LYNN 8730 NW 36TH AVENUE MIAMI, FL 33147 US

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### FILED Mar 09, 2022 Secretary of State 6994728609CC

Certificate of Status Desired: No

03/09/2022

Date