

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038568

**Entity Name:** PRISTINE PROPERTIES VACATION RENTALS LLC

**Current Principal Place of Business:**

4693 CAPE SAN BLAS ROAD  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

4693 CAPE SAN BLAS ROAD  
PORT ST. JOE, FL 32456 US

**FEI Number:** 02-0681368

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MANAGER  
Name LBC CREDIT PARTNERS  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name HUNTER, TAD  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name MIKLAVIC, MIKE  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name DWYER, JAKOB  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name BRENNAN, WILLIAM  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name BLUEWATER TRADERS  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name LIGHTBAY INVESTMENT PARTNERS  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER  
Name OLIN, RYAN  
Address 5301 S CROATAN HWY  
P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959

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*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:** DAVID REED

**AUTHORIZED PERSON**

**03/05/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           OLIN, JACOBIE  
Address        5301 S CROATAN HWY  
                  P.O. BOX 1807  
City-State-Zip: NAGS HEAD NC 27959