2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2025
Secretary of State
2443617475CC

DOCUMENT# L03000038568

Entity Name: PRISTINE PROPERTIES VACATION RENTALS LLC

Current Principal Place of Business:

4693 CAPE SAN BLAS PORT
ST. JOE, FL 32456

Current Mailing Address:

4693 CAPE SAN BLAS 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	Title	MANAGER
Name	OLIN, RYAN	Name	LIGHTBAY INVESTMENT PARTNERS
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	LBC CREDIT PARTNERS	Name	HUNTER, TAD
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	MIKLAVIC, MIKE	Name	OLIN, JACOBIE
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	TRADERS, BLUEWATER	Name	DWYER, JAKOB
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959

Continues on page 2

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 — CHIEF FINANCIAL OFFICER — 02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	BRENNAN, WILLIAM
Address	1008 AIRPORT RD SUITE F
City-State-Zip:	DESTIN FL 32541