

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003221

Entity Name: HARBOR POINT VACATION RENTALS LLC

Current Principal Place of Business:

36 LESLIE ANNE STREET
CRAWFORDVILLE, FL 32327

Current Mailing Address:

P.O. BOX 112
SOPCHOPPY, FL 32358 US

FEI Number: 83-2031213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, AMBER
36 LESLIE ANNE STREET
CRAWFORDVILLE, FL 32327 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: AMBER LYN PATTERSON

02/04/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PATTERSON, AMBER LYN
Address P.O. BOX 112
City-State-Zip: SOPCHOPPY FL 32358

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: AMBER LYN PATTERSON

MGRM

02/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date