

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000015081

**Entity Name:** SUNCOAST VACATION RENTALS OF ST. GEORGE ISLAND, LLC

**Current Principal Place of Business:**

135 W GORRIE DRIVE  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

135 W GORRIE DRIVE  
ST. GEORGE ISLAND, FL 32328 US

**FEI Number: 27-4349430**

**Certificate of Status Desired: No**

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

GILBERT, SAMUEL D  
135 W GORRIE DRIVE  
ST. GEORGE ISLAND, FL 32328 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 MGMR  
Name ARMISTEAD, WALTER J  
Address 135 W GORRIE DRIVE  
City-State-Zip: ST GEORGE ISLAND FL 32328

Title MGR  
Name HALE, LAWRENCE  
Address 135 W GORRIE DRIVE  
City-State-Zip: ST. GEORGE ISLAND FL 32328

Title MGR  
Name GILBERT, SAMUEL D  
Address 135 W GORRIE DRIVE  
City-State-Zip: ST. GEORGE ISLAND FL 32328

*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: SAMUEL D GILBERT**

**MGR**

**03/22/2024**

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

\_\_\_\_\_  
Date