

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000095807

**Entity Name:** GULL COVE, LLC

**Current Principal Place of Business:**

629 8 ST S  
NAPLES, FL 34102-6620

**Current Mailing Address:**

340 9TH STREET N  
#131  
NAPLES, FL 34102-6620 US

**FEI Number:** 46-3532581

**Certificate of Status Desired:** No

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

COLEMAN, YOVANOVICH & KOESTER, P.A.  
4001 TAMIAMI TR N STE 300  
NAPLES, FL 34103 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 MANAGING MEMBER

Name MAXWELL, TIMOTHY J

Address 340 9TH STREET N  
#131

City-State-Zip: NAPLES FL 34102-6620

Title MANAGING MEMBER

Name MAXWELL, JULIE

Address 340 9TH STREET N  
#131

City-State-Zip: NAPLES FL 34102-6620

Title AUTHORIZED MEMBER

Name VOGGESANG VENTURES

Address 2117 CLIFF DRIVE

City-State-Zip: EAGAN MN 55122

Title AUTHORIZED REPRESENTATIVE

Name BURBERRY, JAMES

Address 629 8 ST S

City-State-Zip: NAPLES FL 34102-6620

*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:** TIMOTHY J MAXWELL

MANAGING MEMBER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date