

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000103594

Entity Name: BEACHVIEW COTTAGES OF SANIBEL, LLC**Current Principal Place of Business:**15951 CAPTIVA ROAD
CAPTIVA ISLAND, FL 33924**Current Mailing Address:**P.O. BOX 245
CAPTIVA, FL 33924 US**FEI Number:** 47-4376747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBELINI, MARK A
1625 HENDRY STREET
SUITE 301
FT. MYERS, FL 33901 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 MGR
Name BABCOCK, DOUGLAS
Address 2512 WULFERT ROAD
City-State-Zip: SANIBEL FL 33957

Title MGR
Name BABCOCK, LILLIAN L
Address 30 TROWBRIDGE TRAIL
City-State-Zip: PITTSFORD NY 14534

Title MGR
Name BRYAN, RICHARD G JR
Address 7532 DAWN COURT
City-State-Zip: LITTLETON CO 80125

Title MGR
Name CALVERT, GEORGE
Address 201 MICHIGAN AVENUE NW
NO. 511
City-State-Zip: GRAND RAPIDS MI 49503

Title MGR
Name KELLEHER, J. MARGAUX
Address 409 ECHO SPUR
P.O. BOX 3387
City-State-Zip: PARK CITY UT 84060

Title MGR
Name LAPI, ANTONINO R
Address 4341 WEST GULF DRIVE
City-State-Zip: SANIBEL FL 33957

Title MANAGER
Name MCLANE, JANET
Address 8 WINDHAM CIRCLE
City-State-Zip: MENDON NY 14506

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: ANTONINO R. LAPI**MANAGER****02/08/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date