

**2021 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 249  
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 33957Title MGR  
Name BABCOCK, LILLIAN L  
Address 30 TROWBRIDGE TRAIL  
City-State-Zip: PITTSFORD NY 14534Title MGR  
Name BRYAN, RICHARD G JR  
Address 6280 DAKOTA RIDGE DRIVE  
City-State-Zip: LITTLETON CO 80125Title MGR  
Name CALVERT, GEORGE  
Address 2985 RENNELLS ROAD  
City-State-Zip: SPRING LAKE MI 49456Title MGR  
Name KELLEHER, J. MARGAUX  
Address 409 ECHO SPUR  
P.O. BOX 3387  
City-State-Zip: PARK CITY UT 84060Title MGR  
Name LAPI, ANTONINO R  
Address 4341 WEST GULF DRIVE  
City-State-Zip: SANIBEL FL 33957Title 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****01/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date