## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000006141

Entity Name: THE SPOT FWB LLC

**Current Principal Place of Business:** 

24 MIRICLE STRIP PKWY

FORT WALTON BEACH, FL 32548

## **Current Mailing Address:**

24 MIRACLE STRIP PARKWAY, SE FORT WALTON BEACH, FL 32548 US

FEI Number: 81-1098681 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GARVIE, JOSEPH P 24 MIRACLE STRIP PARKWAY, SE FORT WALTON BEACH, FL 32548 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: JOSEPH P GARVIE 04/10/2025

Electronic Signature of Registered Agent

**Authorized Person(s) Detail:** 

Title MGR Title MANAGER

Name GARVIE, MARTHA Name GARVIE, WILLIAM H JR.

Address 315 SHELL AVE SE Address 24 MIRACLE STRIP PARKWAY, SE

City-State-Zip: FORT WALTON BEACH FL 32548 City-State-Zip: FORT WALTON BEACH FL 32548

TitleMANAGERTitleAUTHORIZED MEMBERNameGARVIE, JOSEPH PNameSCHMITT, SIMONE

Address 24 MIRACLE STRIP PARKWAY, SE Address 24 MIRACLE STRIP PARKWAY SE

City-State-Zip: FORT WALTON BEACH FL 32548 City-State-Zip: FORT WALTON BEACH FL 32548

Title AUTHORIZED MEMBER

Name SCHMITT, RAINER HERBERT
Address 24 MIRACLE STRIP PARKWAY SE
City-State-Zip: FORT WALTON BEACH FL 32548

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: JOSEPH P GARVIE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER 04/10/2025

FILED Apr 10, 2025

**Secretary of State** 

3275283612CC

Date

Date