

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000053839

**Entity Name:** SEAGLASS BEACH COTTAGE, LLC

**Current Principal Place of Business:**

4100 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563

**Current Mailing Address:**

4100 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563 US

**FEI Number: 81-1930073**

**Certificate of Status Desired: No**

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

NOA, MICHELLE MANZI  
4100 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 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: MICHELLE MANZI NOA**

**01/28/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NOA, MICHELLE M  
Address 4106 GULF BREEZE PKWY.  
City-State-Zip: GULF BREEZE FL 32563

Title AMBR  
Name GAMES, HOLLEY A  
Address 4106 GULF BREEZE PKWY.  
City-State-Zip: GULF BREEZE FL 32563

Title AMBR  
Name GAMES, DERICK L  
Address 4106 GULF BREEZE PKWY.  
City-State-Zip: GULF BREEZE FL 32563

Title AMBR  
Name NOA, THOMAS J  
Address 4106 GULF BREEZE PKWY.  
City-State-Zip: GULF BREEZE FL 32563

*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: MICHELLE NOA**

**CO-OWNER**

**01/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date