2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

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.

: MICHELLE MANZI NOA			03/11/2024
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
AMBR	Title	AMBR	
NOA, MICHELLE M	Name	GAMES, HOLLEY A	
4106 GULF BREEZE PKWY.	Address	4106 GULF BREEZE PKWY.	
GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563	
AMPD	Title	AMBR	
GAMES, DERICK L	Name	NOA, THOMAS J	
4106 GULF BREEZE PKWY.	Address	4106 GULF BREEZE PKWY.	
GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563	
	Electronic Signature of Registered Agent Person(s) Detail : AMBR NOA, MICHELLE M 4106 GULF BREEZE PKWY. GULF BREEZE FL 32563 AMBR GAMES, DERICK L 4106 GULF BREEZE PKWY.	Electronic Signature of Registered Agent Person(s) Detail : AMBR Title NOA, MICHELLE M Name 4106 GULF BREEZE PKWY. Address GULF BREEZE FL 32563 City-State-Zip: AMBR Title GAMES, DERICK L Name 4106 GULF BREEZE PKWY. Address	Electronic Signature of Registered Agent Person(s) Detail : AMBR Title AMBR NOA, MICHELLE M Name GAMES, HOLLEY A 4106 GULF BREEZE PKWY. Address 4106 GULF BREEZE PKWY. GULF BREEZE FL 32563 City-State-Zip: GULF BREEZE FL 32563 AMBR Title AMBR GAMES, DERICK L Name NOA, THOMAS J 4106 GULF BREEZE PKWY. Address 4106 GULF BREEZE PKWY.

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

OWNER

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 11, 2024 Secretary of State 0837745416CR

Certificate of Status Desired: No