

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000177908

**Entity Name:** SANDS POINT RESORT LLC

**Current Principal Place of Business:**

415 HAMDEN DRIVE  
CLEARWATER BEACH, FL 33767

**Current Mailing Address:**

415 HAMDEN DRIVE  
CLEARWATER BEACH, FL 33767 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RODRIGUES & ASSOCIATES CPAS  
101 N MISSOURI AVE  
STE A  
CLEARWATER, FL 33755 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	AMBR	Title	MBR
Name	PRESCOTT, CHARMENE	Name	PRESCOTT, ROYCE
Address	415 HAMDEN DRIVE	Address	415 HAMDEN DRIVE
City-State-Zip:	CLEARWATER BEACH FL 33767	City-State-Zip:	CLEARWATER BEACH FL 33767

*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:** CHARMENE PRESCOTT

AMBR

03/01/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date