

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000107133

Entity Name: MOONTIDE CONDO RENTALS, LLC**Current Principal Place of Business:**4139 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**4139 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US**FEI Number: 83-4571917****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROBINS, ROBERT
1206 SOUTH RIDGEWOOD AVE
DAYTONA BEACH, FL 32114 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 PATTERSON, VERONICA
Address 4139 S ATLANTIC AVE E
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title PARTICIPANT
Name KIRKPATRICK, MARIA
Address 3955 IRMA SHORES DRIVE
City-State-Zip: ORLANDO FL 32817

Title PARTICIPANT
Name RESSLER, ROBERT
Address 42 COQUINA LAKE WAY
City-State-Zip: ORMOND BEACH FL 32174

Title STEERING COMMITTEE MEMBER
Name DRUSCHEL, PATRICIA
Address 5460 CRAIN FEATHER DR
City-State-Zip: PORT ORANGE FL 32128

Title CHAIRMAN
Name GARCES, MARIO
Address 739 RIVERBEND BLVD.
City-State-Zip: LONGWOOD FL 32779

Title PARTICIPANT
Name KIRKPATRICK, LANNY
Address 3955 IRMA SHORES DRIVE
City-State-Zip: ORLANDO FL 32817

Title PARTICIPANT
Name RESSLER, BARBARA
Address 42 COQUINA LAKE WAY
City-State-Zip: ORMOND BEACH FL 32174

Title RENTAL COORDINATOR
Name BUCHANAN, MELONEY
Address 4139 SOUTH ATLANTIC AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Continues on page 2

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: MARIO GARCES**CHAIRMAN****09/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title PARTICIPANT
Name BRIOLA, FRANK
Address 111 VIA LUGANE
City-State-Zip: WINTER PARK FL 32789

Title PARTICIPANT
Name FRALEY, DEBORAH
Address 1111 YORKTOWN PLACE
City-State-Zip: DELAND FL 32720

Title PARTIPANT
Name NEWMAN, CHRISTINA
Address 4573 OLD CARRIAGE TRAIL
City-State-Zip: OVIEDO FL 32714