

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000259378

**Entity Name:** SHAG ISLAND COVE, LLC

**Current Principal Place of Business:**

1100 NW 4TH AVENUE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1100 NW 4TH AVENUE  
DELRAY BEACH, FL 33444 US

**FEI Number:** 88-1150588

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
200 SOUTH BISCAYNE BOULEVARD SUITE 4100  
(GJC)  
MIAMI, FL 33131 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            AUTHORIZED MEMBER  
Name            SMITH, DARREN  
Address        1100 NW 4TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

*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:** DARREN SMITH

**AUTHORIZED  
REPRESENTATIVE**

**03/27/2024**

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

\_\_\_\_\_  
Date