

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000359374

**Entity Name:** 347 BAHIA VISTA, LLC

**Current Principal Place of Business:**

347 BAHIA VISTA DRIVE  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

892 PLAIN STREET  
MARSHFIELD, MA 02050 US

**FEI Number:** 85-4073183

**Certificate of Status Desired:** No

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

NIELSEN, ERIC P  
347 BAHIA VISTA DRIVE  
INDIAN ROCKS BEACH, FL 33785 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  
Name            NIELSEN, ERIC P  
Address         892 PLAIN STREET  
City-State-Zip: MARSHFIELD MA 02050

Title            AMBR  
Name            WINN, CHRISTOPHER  
Address         892 PLAIN STREET  
City-State-Zip: MARSHFIELD MA 02050

*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:** ERIC NIELSEN

**MEMBER**

**02/04/2024**

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

\_\_\_\_\_ Date