

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000023017

Entity Name: LIGHTHOUSE COVE LLC**Current Principal Place of Business:**400 GILLESPIE GARDENS DRIVE
JACKSONVILLE, FL 32218**Current Mailing Address:**400 GILLESPIE GARDENS DRIVE
JACKSONVILLE, FL 32218 US**FEI Number:** 36-4981041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CEASER, MICHAEL
1840 SOUTHSIDE BLVD SUITE 2A
JACKSONVILLE, FL 32216 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	MANAGER
Name	SESSIONREED, NIKA L
Address	400 GILLESPIE AVENUE
City-State-Zip:	JACKSONVILLE FL 32218

Title	MANAGER
Name	REED, JORDIO M
Address	400 GILLESPIE AVENUE
City-State-Zip:	JACKSONVILLE FL 32218

Title	MANAGER
Name	REED, JAQUISE M
Address	400 GILLESPIE GARDENS DRIVE
City-State-Zip:	JACKSONVILLE FL 32218

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: NIKA L SESSIONREED

MANAGER

04/15/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date