

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000048664

**Entity Name:** ARIEL DUNES I 705, LLC

**Current Principal Place of Business:**

112 SEASCAPE DRIVE  
705  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

65 HILLCREST DRIVE  
SHALIMAR, FL 32579 US

**FEI Number:** 86-1690771

**Certificate of Status Desired:** No

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

GODBOLD, AMANDA W  
65 HILLCREST DRIVE  
SHALIMAR, FL 32579 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 GODBOLD, AMANDA W  
Address 60 TALON CT  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGR  
Name GODBOLD, TOM D  
Address 65 HILLCREST DR  
City-State-Zip: SHALIMAR FL 32579

Title MGR  
Name GODBOLD, SHIRLEY A  
Address 65 HILLCREST DR  
City-State-Zip: SHALIMAR FL 32579

*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:** AMANDA GODBOLD

**MANAGER**

**01/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date