

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000115739

**Entity Name:** BEACHFRONT DESTINATIONS LLC

**Current Principal Place of Business:**

3 BLUEBILL AVE.  
202  
NAPLES, FL 34108

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**6934638673CC**

**Current Mailing Address:**

18098 STONY POINT DRIVE  
STRONGSVILLE, OH 44136 US

**FEI Number:** 87-4748067

**Certificate of Status Desired:** No

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

TROIA, KIMBERLEY L  
3 BLUEBILL AVE.  
202  
NAPLES, FL 34108 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 AP  
Name TROIA, KIMBERLEY L  
Address 18098 STONY POINT DRIVE  
City-State-Zip: STRONGSVILLE OH 44136

*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:** KIMBERLEY TROIA

AP

04/03/2024

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

\_\_\_\_\_  
Date