

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000122059

**Entity Name:** 1 SOUTH STREET WEST, LLC

**Current Principal Place of Business:**

665 WEST MARINA COVE DRIVE  
NO 366  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

665 WEST MARINA COVE DRIVE  
NO 366  
ST AUGUSTINE, FL 32080 US

**FEI Number:** 86-3464520

**Certificate of Status Desired:** No

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

GINN & PATRON, P.A.  
460 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 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	Title	AMBR
Name	SANDBORN, ALYSE	Name	SANDBORN, MICHAEL
Address	665 WEST MARINA COVE DRIVE NO 366	Address	665 WEST MARINA COVE DRIVE NO 366
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080

*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:** ALYSE SANDBORN

AMBR

04/16/2024

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

\_\_\_\_\_  
Date