

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000212875

**Entity Name:** 1194 NECK ROAD LLC

**Current Principal Place of Business:**

111 COASTAL OAK CIRCLE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

PO BOX 9057  
MIRAMAR BEACH, FL 32550

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GOFF, JUSTIN  
111 COASTAL OAK CIRCLE  
PONTE VEDRA BEACH, FL 32082 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 GOFF, MICHELLE  
Address PO BOX 9057  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** MICHELLE GOFF

**MANAGER**

**01/28/2022**

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

\_\_\_\_\_  
Date