

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000039044

**Entity Name:** SECRET COVE 23 LLC

**Current Principal Place of Business:**

731 DUVAL STATION RD STE 107-415  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

731 DUVAL STATION RD STE 107-415  
JACKSONVILLE, FL 32218

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARTSFIELD, SHAWN  
731 DUVAL STATION RD STE 107-415  
JACKSONVILLE, FL 32218 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	MGRM	Title	MBR
Name	HARTSFIELD, SHAWN	Name	HARTSFIELD, NICOLE
Address	731 DUVAL STATION RD STE 107-415	Address	731 DUVAL STATION RD STE 107-415
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	MGRM	Title	MBR
Name	BENEDICT, DANIELLE	Name	GERDES, BRIAN
Address	731 DUVAL STATION RD STE 107-415	Address	731 DUVAL STATION RD STE 107-415
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	MBR	Title	MBR
Name	GERDES, GARY	Name	GERDES, MICHELLE
Address	731 DUVAL STATION RD STE 107-415	Address	731 DUVAL STATION RD STE 107-415
City-State-Zip:	JACKSONVILLE FL 32218	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:** SHAWN HARTSFIELD

**MGRM**

**03/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date