

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 STE107-415
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 STE107-415
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
Name HARTSFIELD, SHAWN
Address 731 DUVAL STATION RD STE 107-415
City-State-Zip: JACKSONVILLE FL 32218

Title MBR
Name HARTSFIELD, NICOLE
Address 731 DUVAL STATION RD STE 107-415
City-State-Zip: JACKSONVILLE FL 32218

Title MGRM
Name BENEDICT, DANIELLE
Address 731 DUVAL STATION RD STE 107-415
City-State-Zip: JACKSONVILLE FL 32218

Title MBR
Name GERDES, BRIAN
Address 731 DUVAL STATION RD STE 107-415
City-State-Zip: JACKSONVILLE FL 32218

Title MBR
Name GERDES, GARY
Address 731 DUVAL STATION RD STE 107-415
City-State-Zip: JACKSONVILLE FL 32218

Title MBR
Name GERDES, MICHELLE
Address 731 DUVAL STATION RD STE 107-415
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