

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000204463

**Entity Name:** FLORAL CITY COTTAGES, LLC

**Current Principal Place of Business:**

5775 STATE ROAD 80  
LABELLE, FL 33935

**Current Mailing Address:**

5775 STATE ROAD 80  
LABELLE, FL 33935 UN

**FEI Number:** 93-2329137

**Certificate of Status Desired:** No

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

DURRANCE, TRACY  
5775 STATE ROAD 80  
LABELLE, FL 33935 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:** TRACY DURRANCE

01/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHEEHAN, TIMOTHY G.  
Address 855 BOYLSTON ST.  
SUITE 1000  
City-State-Zip: BOSTON MA 02116

Title MGR  
Name MARTIN, ERIK  
Address 5 KNOLLCREST DRIVE  
City-State-Zip: ANDOVER MA 01810

Title MGR  
Name HAYES, COLLEEN  
Address 32 RUTLAND SQ, , APT 1  
City-State-Zip: BOSTON MA 02118

Title MGR  
Name SHEEHAN PLAISTED, KELLY  
Address 30 ALBA RD  
City-State-Zip: WELLESLEY MA 02481

Title MGR  
Name SHEEHAN, PATRICK  
Address 100 PIER 4 BLVD. APT 202  
City-State-Zip: BOSTON MA 02210

*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:** TIMOTHY G. SHEEHAN

MEMBER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date