

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000255693

**Entity Name:** VIVIAN RETREAT, LLC

**Current Principal Place of Business:**

4575 ORTEGA ISLAND DRIVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4575 ORTEGA ISLAND DRIVE  
JACKSONVILLE, FL 32210 UN

**FEI Number:** 88-2641333

**Certificate of Status Desired:** No

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

MARKS GRAY, P.A.  
1200 RIVERPLACE BOULEVARD SUITE 800  
JACKSONVILLE, FL 32207 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 ROBBINS, IVONNE L  
Address 4575 ORTEGA ISLAND DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title MBR  
Name ROBBINS, DOUGLAS P  
Address 4567 ORTEGA ISLAND DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title MBR  
Name BRAUN, PETER J  
Address 7801 ELBA ROAD  
City-State-Zip: ALEXANDRIA VA 22306

Title MBR  
Name BRAUN, LEE A  
Address 7801 ELBA ROAD  
City-State-Zip: ALEXANDRIA VA 22306

*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:** IVONNE L ROBBINS

MBR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date