

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000257552

**Entity Name:** GONE COASTAL VACATION RENTALS, LLC

**Current Principal Place of Business:**

407 MAXWELL PL  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

407 MAXWELL PL  
INDIAN ROCKS BEACH, FL 33785 US

**FEI Number:** 61-2046934

**Certificate of Status Desired:** No

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

LOVERDE, MICHAEL V  
407 MAXWELL PL  
INDIAN ROCKS BEACH, FL 33785 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 LOVERDE, MICHAEL V  
Address 407 MAXWELL PL  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title MGR  
Name FERRARA, ALEXANDRA  
Address 407 MAXWELL PL  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*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: MICHAEL LOVERDE**

**MGR**

**02/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date