

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000285766

**Entity Name:** GOOD VIBES ISLAND RIDES, LLC

**Current Principal Place of Business:**

3230 SOUTHGATE CIRCLE SUITE 88  
SARASOTA, FL 34239

**Current Mailing Address:**

3230 SOUTHGATE CIRCLE SUITE 88  
SARASOTA, FL 34239 US

**FEI Number: 88-2954941**

**Certificate of Status Desired: No**

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

KISS, JOSEPH P  
3230 SOUTHGATE CIRCLE SUITE 88  
SARASOTA, FL 34239 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	Title	MANAGER
Name	COICAN, KELLY O	Name	KISS, JOSEPH
Address	3278 S. ROGERS ST	Address	3230 SOUTHGATE CIRCLE SUITE 88
City-State-Zip:	MORRISON CO 80465	City-State-Zip:	SARASOTA FL 34239
Title	MGR		
Name	KISS, JOSEPH P		
Address	1212 MOONMIST CIRCLE		
City-State-Zip:	SARASOTA FL 34242		

*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: KELLY COICAN**

**OWNER**

**04/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date