

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000340664

**Entity Name:** TIKI FALLS LLC

**Current Principal Place of Business:**

130 LUNKER LODGE ROAD  
GEORGE TOWN, FL 32139

**Current Mailing Address:**

3899 WINTERHAWK COURT  
ST AUGUSTINE, FL 32086 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HUBBARD, ROBERT G  
3899 WINTERHAWK COURT  
ST AUGUSTINE, FL 32086 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 HUBBARD, ROBERT G  
Address 3899 WINTERHAWK COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title MGR  
Name HUBBARD, MARIA T  
Address 3899 WINTERHAWK COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title AUTHORIZED MEMBER  
Name HUBBARD, ROBERT RYAN JR.  
Address 3899 WINTERHAWK COURT  
City-State-Zip: ST AUGUSTINE 32086

Title AUTHORIZED MEMBER  
Name HUBBARD, ANGELENA MARIE  
Address 3899 WINTERHAWK COURT  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** ROBERT HUBBARD

**OWNER**

**04/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date