

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000385323

Entity Name: COTTONTREE CT TRIPLEX, LLC

Current Principal Place of Business:

1807 COTTON TREE CT
FORT WALTON BEACH, FL 32547

Current Mailing Address:

41 LAKE LORRAINE CIR
SHALIMAR, FL 32579 US

FEI Number: 88-4068559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, DAVID W
41 LAKE LORRAINE CIR
SHALIMAR, FL 32579 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	MGR
Name	SMITH, DAVID W	Name	SMITH, DENISE R
Address	41 LAKE LORRAINE CIR	Address	41 LAKE LORRAINE CIR
City-State-Zip:	SHALIMAR FL 32579	City-State-Zip:	SHALIMAR FL 32579

Title	AMBR
Name	SMITH FAMILY REV TRUST U/A DTD 9/1/22
Address	41 LAKE LORRAINE CIRCLE
City-State-Zip:	SHALIMAR FL 32579

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: DENISE SMITH

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date