

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000385336

Entity Name: COTTONTREE CT SPLITS, LLC

Current Principal Place of Business:

1801 COTTON TREE CT
FT WALTON BEACH, FL 32547

Current Mailing Address:

41 LAKE LORRAINE CIR
SHALIMAR, FL 32579 US

FEI Number: 92-0389119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNLAP & SHIPMAN PA
2063 S COUNTY HWY 395
SANTA ROSA BEACH, FL 32459 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: CHRISTINE S. LADWIG

04/11/2024

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 CIR
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: SMITH , DAVID W

AUTHROIZED AGENT

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date