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. 01/29/2023

SIGNATURE: FRANCESCA VELASCO

Electronic Signature of Signing Authorized Person(s) Detail

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 941 SANTA ROSA DUNES LLC

Current Principal Place of Business:

339 26TH STREET NEW ORLEANS. LA 70124

Current Mailing Address:

339 26TH STREET NEW ORLEANS, LA 70124 US

FEI Number: 92-0579170

Name and Address of Current Registered Agent:

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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	VELASCO, FRANCESCA	Name	DE AYERDI, GRAZIELLA
Address	339 26TH STREET	Address	1550 2ND STREET, UNIT 2F
City-State-Zip:	NEW ORLEANS LA 70124	City-State-Zip:	NEW ORLEANS LA 70130

MEMBER

Certificate of Status Desired: No

Date

FILED Jan 29, 2023 Secretary of State 7941951819CC

Date