

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000483998

**Entity Name:** ESTERO FLATS, LLC

**Current Principal Place of Business:**

8350 HOSPITAL DRIVE  
#102  
ESTERO, FL 34135

**FILED**  
**Apr 21, 2024**  
**Secretary of State**  
**4831201748CC**

**Current Mailing Address:**

9092 CAPISTRANO STREET SOUTH  
UNIT 6402  
NAPLES, FL 34113

**FEI Number:** 92-1050956

**Certificate of Status Desired:** No

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

TOUSSAINT, CHASE JORDAN M  
9092 CAPISTRANO STREET SOUTH  
UNIT 6402  
NAPLES, FL 34113 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           MANAGER  
Name           WATERSIDE HOSPITALITY GROUP  
                  INC  
Address        9092 CAPISTRANO STREET SOUTH  
                  UNIT 6402  
City-State-Zip: NAPLES FL 34113

Title           CEO  
Name           TOUSSAINT, CHASE JORDAN MARIO  
Address        9092 CAPISTRANO ST S  
                  UNIT 6402  
City-State-Zip: NAPLES FL 34113

Title           VP  
Name           TOUSSAINT, CHRISTINE LORRAIN  
Address        9092 CAPISTRANO STREET SOUTH  
                  UNIT 6402  
City-State-Zip: NAPLES FL 34113

*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:** CHASE JORDAN MARIO TOUSSAINT

**CEO**

**04/21/2024**

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

\_\_\_\_\_  
Date