

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000467225

**Entity Name:** GREAT SKY RETREAT, LLC

**Current Principal Place of Business:**

1635 EAGLE HARBOR PKWY  
STE 4  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1635 EAGLE HARBOR PKWY  
STE 4  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 93-3834254

**Certificate of Status Desired:** No

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

NICHOLS, ESTHER D  
1635 EAGLE HARBOR PKWY  
STE 4  
FLEMING ISLAND, FL 32003 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 NICHOLS, JOHN W  
Address 2395 LAKESHORE DR N  
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR  
Name NICHOLS, ESTHER D  
Address 2395 LAKESHORE DR N  
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR  
Name BUCCI, PAUL A  
Address 1395 MAHAMA BLUFF ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGR  
Name BUCCI, HOLLY  
Address 1395 MAHAMA BLUFF ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** ESTHER NICHOLS

**MANAGER**

**03/22/2024**

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

\_\_\_\_\_  
Date