

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108402

**Entity Name:** SANDY FEET BEACH RETREAT, LLC

**Current Principal Place of Business:**

606 MINNEHAHA LANE  
MAITLAND, FL 32751

**Current Mailing Address:**

P.O. BOX 940877  
MAITLAND, FL 32794-0877 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCHIEFERDECKER, HOWARD  
606 MINNEHAHA LANE  
MAITLAND, FL 32751 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            | SCHIEFERDECKER, HOWARD A | Name            | SCHIEFERDECKER, JOELENE P |
| Address         | 606 MINNEHAHA LANE       | Address         | 606 MINNEHAHA LANE        |
| City-State-Zip: | MAITLAND FL 32751        | City-State-Zip: | MAITLAND FL 32751         |

*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:** HOWARD SCHIEFERDECKER

**MANAGER**

**03/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date