

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004318

Entity Name: ST. TROPEZ BEACH DEVELOPERS, LLC**Current Principal Place of Business:**3211 PONCE DE LEON BLVD STE 301
STE 301
CORAL GABLES, FL 33134**Current Mailing Address:**3211 PONCE DE LEON BLVD STE 301
CORAL GABLES, FL 33134 US**FEI Number:** 41-2267136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZOVLUCK, LYNN
3211 PONCE DE LEON BLVD STE 301
STE 301
CORAL GABLES, FL 33134 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 MILTON, JOSEPH
Address 3211 PONCE DE LEON BLVD STE 301

City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name MILTON, CECIL J
Address 3211 PONCE DE LEON BLVD STE 301

City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MEDINA, DIEGO
Address 3211 PONCE DE LEON BLVD STE 301
STE 301

City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name BARKER, REX M
Address 3211 PONCE DE LEON BLVD STE 301

City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name MILTON, FRANK
Address 3211 PONCE DE LEON BLVD STE 301

City-State-Zip: CORAL GABLES FL 33134

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: REX M. BARKER

MGR

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date