

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000122335

**Entity Name:** OLD TOWN COTTAGES DEVELOPMENT, LLC**Current Principal Place of Business:**4608 OPA LOCKA LN  
DESTIN, FL 32541**Current Mailing Address:**4608 OPA LOCKA LN  
2ND FLOOR  
DESTIN, FL 32541**FEI Number:** 81-4685473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KYZAR, WALTER S  
4608 OPA LOCKA LN  
DESTIN, FL 32541 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 AR  
Name KYZAR, WALTER S  
Address 4608 OPA LOCKA LN  
City-State-Zip: DESTIN FL 32541

Title MGR  
Name SHOULTS, MICHAEL  
Address 4608 OPA LOCKA LN  
City-State-Zip: DESTIN FL 32541

Title MGR  
Name SHOULTS, BRADLEY  
Address 4608 OPA LOCKA LN  
City-State-Zip: DESTIN FL 32541

Title MGR  
Name VEACH, KERRY  
Address 4608 OPA LOCKA LN  
City-State-Zip: DESTIN FL 32541

Title MGR  
Name VEACH, KEVIN  
Address 4608 OPA LOCKA LN  
City-State-Zip: DESTIN FL 32541

*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:** WALTER SCOTT KYZAR**DIRECTOR****04/06/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date