

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000007920

**Entity Name:** OCEAN BEACH VILLAS, LLC

**Current Principal Place of Business:**

2515 S. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

1415 N ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US

**FEI Number:** 81-5030341

**Certificate of Status Desired:** No

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

WELLS, JEFFERY W  
1415 N ATLANTIC AVENUE  
COCOA BEACH, FL 32931 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           | AMBR                   |
| Name            | WELLS, JEFFERY W       | Name            | WELLS, TEERAPORN       |
| Address         | 1415 N ATLANTIC AVENUE | Address         | 1415 N ATLANTIC AVENUE |
| City-State-Zip: | COCOA BEACH FL 32931   | City-State-Zip: | COCOA BEACH FL 32931   |

*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:** JEFFERY W WELLS

**MGR**

**03/15/2024**

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

\_\_\_\_\_  
Date