## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000132309

Entity Name: BEACH HOUSE VACATIONS, LLC

**Current Principal Place of Business:** 

8270 VILLAGE EDGE CIRCLE #3 FORT MYERS. FL 33919

**Current Mailing Address:** 

8270 VILLAGE EDGE CIRCLE #3 FORT MYERS, FL 33919 US

FEI Number: 82-2253564 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WACKERLY, SARAH 8270 VILLAGE EDGE CIRCLE#3 FORT MYERS, FL 33919 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

FILED Mar 13, 2021

**Secretary of State** 

9866387911CC

## Authorized Person(s) Detail:

Title AMBR

Name WACKERLY, COLIN

Address 8270 VILLAGE EDGE CIRCLE#3

City-State-Zip: FORT MYERS FL 33919

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: COLIN WACKERLY

OWNER

03/13/2021

Date