

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000232120

**Entity Name:** BEST GIFT IDEA EVER OF JOHNS PASS, LLC

**Current Principal Place of Business:**

184 JPHNS PASS BOARDWALK W  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

9018 U,S, HWY 61  
LANCASTER, WI 53813 US

**FEI Number:** 83-2108325

**Certificate of Status Desired:** No

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

KRISTENSEN, MONICA  
9900 55TH WAY N  
PINE LOAD PARK, FL 33782 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            | FARMER, WADE       | Name            | FARMER, MELISSA    |
| Address         | 9018 US HWY 61     | Address         | 9018 US HWY 61     |
| City-State-Zip: | LANCASTER WI 53813 | City-State-Zip: | LANCASTER WI 53813 |

*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:** WADE L FARMER

**OWNER**

**01/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date