

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000065187

Entity Name: 5400 SE EBBTIDE AVE LLC

Current Principal Place of Business:

5400 SE EBBTIDE AVE
STUART, FL 34997

Current Mailing Address:

PO BOX 943
PORT SALERNO, FL 34992 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMENE, NICHOLAS B
5400 SE EBBTIDE AVE
STUART, FL 34997 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 CAMENE, NICHOLAS B
Address PO BOX 943
City-State-Zip: PORT SALERNO FL 34992

Title MGR
Name CAMENE, KAREN L
Address PO BOX 943
City-State-Zip: PORT SALERNO FL 34992

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: NICHOLAS B CAMENE

MANAGER

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date