

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000106102

**Entity Name:** 1687 SCENIC GULF DRIVE, LLC

**Current Principal Place of Business:**

1687 SCENIC GULF DRIVE  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

1609 BYRN DRIVE  
ALLEN, TX 75013 US

**FEI Number:** 85-0969963

**Certificate of Status Desired:** No

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

REGISTERED AGENTS, INC.  
7901 4TH ST N, STE 300  
ST. PETERSBURG, FL 33702 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            | HIBBS, JON      | Name            | HIBBS, ANDREA   |
| Address         | 1609 BYRN DRIVE | Address         | 1609 BYRN DRIVE |
| City-State-Zip: | ALLEN TX 75013  | City-State-Zip: | ALLEN TX 75013  |

*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:** JON HIBBS

**MANAGER**

**03/16/2021**

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

\_\_\_\_\_  
Date