

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000032092

**Entity Name:** DRIP GULF COAST LLC

**Current Principal Place of Business:**

471 FORT PICKENS RD  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

471 FORT PICKENS RD  
PENSACOLA BEACH, FL 32561 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WALLSTEDT, JAKE  
471 FORT PICKENS RD  
PENSACOLA BEACH, FL 32561 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 MBR  
Name WALLSTEDT, JAKE  
Address 1601 17TH AVE S  
City-State-Zip: NASHVILLE TN 37212

*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:** JAKE WALLSTEDT

MBR

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date