

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000198411

**FILED**  
**Mar 15, 2024**  
**Secretary of State**  
**3526778710CC**

**Entity Name:** LUBBERS ISLAND COTTAGES LLC

**Current Principal Place of Business:**

3450 S. RIDGEWOOD AVE.  
PORT ORANGE, FL 32129

**Current Mailing Address:**

3450 S. RIDGEWOOD AVE.  
PORT ORANGE, FL 32129 US

**FEI Number: 88-2040276**

**Certificate of Status Desired: No**

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

OLSEN, MICHELLE L  
3450 S. RIDGEWOOD AVE.  
PORT ORANGE, FL 32129 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            PRES  
Name            OLSEN, MICHELLE C  
Address        3450 S. RIDGEWOOD AVE.  
City-State-Zip: PORT ORANGE FL 32129

Title            VP  
Name            SCHALER, MICHAEL S  
Address        911 CAREY DRIVE  
City-State-Zip: SOUTH DAYTONA FL 32119

Title            SEC  
Name            OLSEN, MICHELLE  
Address        3450 S. RIDGEWOOD AVE.  
City-State-Zip: PORT ORANGE FL 32129

*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: MICHELLE OLSEN**

**SEC**

**03/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date