## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000534297

Entity Name: COASTAL COVE VACATIONS, LLC

**Current Principal Place of Business:** 

4893 POLO FIELDS DR ANN ARBOR. MI 48103

**Current Mailing Address:** 

4893 POLO FIELDS DR ANN ARBOR, MI 48103 US

FEI Number: 93-4685331 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROWLEY, TREVOR 390 NORTH ORANGE AVE., STE 2300-N ORLANDO, FL 32801 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: TREVOR ROWLEY 02/06/2025

Electronic Signature of Registered Agent

Date

FILED Feb 06, 2025

**Secretary of State** 

5566882001CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameBERTRAND, ROBERTNameBERTRAND, JONIAddress4893 POLO FIELDS DRAddress4893 POLO FIELDS DRCity-State-Zip:ANN ARBOR MI 48103City-State-Zip:ANN ARBOR MI 48103

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: ROBERT BERTRAND

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

02/06/2025