

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000015117

**Entity Name:** SOUNDSIDE GAMES, LLC

**Current Principal Place of Business:**

913 GULF BREEZE PARKWAY, SUITE 1A  
GULF BREEZE, FL 32561

**Current Mailing Address:**

913 GULF BREEZE PARKWAY, SUITE 1A  
GULF BREEZE, FL 32561 US

**FEI Number:** 87-4765629

**Certificate of Status Desired:** No

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

VOGLER, JACOB L  
913 GULF BREEZE PARKWAY, SUITE 1A  
GULF BREEZE, 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 MGR  
Name GIBSON, HARRY T III  
Address 913 GULF BREEZE PARKWAY, SUITE 1A  
City-State-Zip: GULF BREEZE FL 32561

Title MGR  
Name VOGLER, JACOB L  
Address 913 GULF BREEZE PARKWAY, SUITE 1A  
City-State-Zip: GULF BREEZE FL 32561

Title MGR  
Name STUART, CHRISTIAN  
Address 913 GULF BREEZE PARKWAY, SUITE 1A  
City-State-Zip: GULF BREEZE FL 32561

*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:** HARRY GIBSON

**OWNER**

**01/18/2023**

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

\_\_\_\_\_  
Date