

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098683

**Entity Name:** ATLANTIC COAST FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

101 CENTRAL RD  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

PO BOX 361156  
MELBOURNE, FL 32936 US

**FEI Number:** 26-3778336

**Certificate of Status Desired:** No

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

MARATTA, TIM  
877 N HWY A1A  
#501  
INDIALANTIC, FL 32903 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            MARATTA, TIM  
Address        877 N HWY A1A  
                  #501  
City-State-Zip: INDIALANTIC FL 32903

*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:** TIM MARATTA

**MANAGER**

**02/15/2021**

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

\_\_\_\_\_  
Date