

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000124766

**Entity Name:** INTRACOASTAL PROPERTIES MANAGEMENT, LLC

**Current Principal Place of Business:**

4776 HODGES BLVD.  
STE. 105  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4776 HODGES BLVD.  
STE. 105  
JACKSONVILLE, FL 32224 US

**FEI Number:** 38-3887940

**Certificate of Status Desired:** Yes

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

JOHNSTON, SAMANTHA J  
4776 HODGES BLVD  
SUITE 105  
JACKSONVILLE, FL 32224 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:** SAMANTHA J JOHNSTON

01/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR/OWNER  
Name ADKISSON, KENDALL  
Address 4776 HODGES BLVD.  
STE. 105  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR/OWNER  
Name OCONNELL, FLORENCE M DR.  
Address 4776 HODGES BLVD.  
STE. 105  
City-State-Zip: JACKSONVILLE FL 32224

Title OFFICE MANAGER  
Name JOHNSTON, SAMANTHA J  
Address 4776 HODGES BLVD.  
STE. 105  
City-State-Zip: JACKSONVILLE FL 32224

*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:** SAMANTHA J JOHNSTON

**OFFICE MANAGER**

01/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date