

2021 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:**STINSON, JOHN
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:** JOHN M STINSON

08/30/2021

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 | PRACTICE ADMINISTRATOR |
| Name | STINSON, JOHN |
| 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: JOHN M STINSON

FINANCE

08/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date