

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000051825

**Entity Name:** ANNE M. SHERIDAN L.L.C.

**Current Principal Place of Business:**

502 S FLORIDA AVE  
UNIT 134  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

502 S FLORIDA AVE  
UNIT 134  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 46-2542399

**Certificate of Status Desired:** No

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

SHERIDAN, ANNE M  
502 S FLORIDA AVE  
UNIT 134  
TARPON SPRINGS, FL 34689 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 SHERIDAN, ANNE M  
Address 502 S FLORIDA AVE  
UNIT 134  
City-State-Zip: TARPON SPRINGS FL 34689

Title MANAGER  
Name HOOD, THOMAS M  
Address 502 S FLORIDA AVE  
UNIT 134  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** ANNE M SHERIDAN SHERIDAN

**MGR**

**03/10/2023**

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

\_\_\_\_\_  
Date