

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000170582

**Entity Name:** FORGOTTEN SHORES PROPERTY MANAGEMENT GROUP, LLC.

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC2241846063**

**Current Principal Place of Business:**

35 ISLAND DRIVE  
UNIT #11  
EASTPOINT, FL 32328

**Current Mailing Address:**

P.O. BOX 402  
EASTPOINT, FL 32328 US

**FEI Number: 46-4282944**

**Certificate of Status Desired: Yes**

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

POLOUS, JAMIE L  
35 ISLAND DRIVE  
UNIT #11  
EASTPOINT, FL 32328 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 POLOUS, JAMIE L  
Address 35 ISLAND DRIVE  
UNIT #11  
City-State-Zip: EASTPOINT FL 32328

*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: JAMIE POLOUS**

**MGR**

**01/11/2018**

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

\_\_\_\_\_  
Date