

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000035177

Entity Name: AMIGOS 30A MEXICAN KITCHEN, LLC**Current Principal Place of Business:**12805 US HWY 98 EAST
SUITE R101
INLET BEACH, FL 32461**Current Mailing Address:**12805 US HWY 98 EAST
SUITE R101
INLET BEACH, FL 32461 US**FEI Number:** 81-1545439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	AMBR
Name	CORCHIS HOSPITALITY GROUP, LLC
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

Title	MGR
Name	CORCHIS, GEORGE P JR.
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

Title	MGR
Name	CORCHIS, AMY K
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

Title	MGR
Name	CORCHIS, JORDIN P
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

Title	MGR
Name	CORCHIS, NATHAN M
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

Title	MGR
Name	CORCHIS, ALYSSA K
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

Title	MGR
Name	CORCHIS, GILLIAN K
Address	12805 US HWY 98 EAST SUITE R101
City-State-Zip:	INLET BEACH FL 32461

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: JORDIN P CORCHIS

MGR

03/24/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date