

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085152

**Entity Name:** PAT AMICUS INVESTMENTS, LLC

**Current Principal Place of Business:**

220 E CENTRAL PKWY  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

220 E CENTRAL PKWY  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 81-2478871

**Certificate of Status Desired:** No

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

KACHRIS, THEODORE L  
220 E CENTRAL PKWY  
SUITE 2070  
ALTAMONTE SPRINGS, FL 32701 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            SHELL CREEK, LLC  
Address        220 E CENTRAL PKWY  
                  SUITE 2070  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            AMBR  
Name            STORGIC, LLC  
Address        110 WHITECAPS CIRCLE  
City-State-Zip: MAITLAND FL 32751

Title            AMBR  
Name            HAMLIN, ALVIN C  
Address        220 E CENTRAL PKWY  
                  SUITE 2070  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** THEODORE KACHRIS

**MANAGER**

**02/09/2021**

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

\_\_\_\_\_  
Date