

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000062006

Entity Name: SH MARINAS MANAGER, LLC**Current Principal Place of Business:**506 FLEMING STREET
KEY WEST, FL 33040**Current Mailing Address:**506 FLEMING STREET
KEY WEST, FL 33040 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPOTTSWOOD, ROBERT A. JR.
506 FLEMING STREET
KEY WEST, FL 33040 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:** ROBERT A. SPOTTSWOOD, JR.

04/26/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, DIRECTOR
Name SPOTTSWOOD, ROBERT A
Address 506 FLEMING STREET
City-State-Zip: KEY WEST FL 33040

Title VP, DIRECTOR
Name SPOTTSWOOD, JOHN M JR.
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

Title VP, DIRECTOR
Name SPOTTSWOOD, WILLIAM B
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

Title VP
Name SPOTTSWOOD, WILLIAM B JR.
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

Title VP, SECRETARY
Name SPOTTSWOOD, ROBERT A JR.
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

Title TREASURER, DIR
Name MOORE, RANDY W
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

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: ROBERT A. SPOTTSWOOD

PRESIDENT

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date