

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000229595

**Entity Name:** FORGOTTEN COAST POOLS LLC

**Current Principal Place of Business:**

557 WEST PINE AVENUE  
SAINT GEORGE ISLAND, FL 32328

**Current Mailing Address:**

POBOX 524  
EASTPOINT, FL 32328 UN

**FEI Number: 87-0840068**

**Certificate of Status Desired: No**

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

CRENSHAW, JAMES L  
557 WEST PINE AVENUE  
SAINT GEORGE ISLAND, 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 CRENSHAW, JAMES  
Address 557 WEST PINE AVENUE  
City-State-Zip: SAINT GEORGE ISLAND FL 32328

Title AMBR  
Name THORPE, LAURA L  
Address 557 WEST PINE AVENUE  
City-State-Zip: SAINT GEORGE ISLAND FL 32328

Title AUTHORIZED MEMBER  
Name FISHER, JEFF  
Address 175 24TH AVE  
City-State-Zip: APALACHICOLA FL 32320

*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: JAMES CRENSHAW**

**MANAGER**

**04/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date