

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000121738

**Entity Name:** ADVENTURE COAST ORTHOMOSAIC & MAPPING SOLUTIONS, LLC

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**6359029940CC**

**Current Principal Place of Business:**

10120 WEEKS DRIVE  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

10120 WEEKS DRIVE  
BROOKSVILLE, FL 34601

**FEI Number: 92-2963905**

**Certificate of Status Desired: No**

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

HOHMAN, STEPHEN G  
10120 WEEKS DRIVE  
BROOKSVILLE, FL 34601 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, P, CEO	Title	MGR
Name	HOHMAN, STEPHEN G	Name	ROBBINS, JACQUELINE
Address	10120 WEEKS DRIVE	Address	15111 TRAVERSE LANE
City-State-Zip:	BROOKSVILLE FL 34601	City-State-Zip:	BROOKSVILLE FL 34604

*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: STEPHEN G HOHMAN

PRESIDENT

04/02/2024

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

\_\_\_\_\_  
Date