LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT # L20000027125

1. Entity Name

Think Real Estate Property Management LLC

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CR2E083B (1/14)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2810 Martin Luther King Jr Blvd.	
Suite, Apt. #, ect Suite C	Suite, Apt. #, ect.
City & State Panama City, FL	City & State
Zip: 32405 Country: USA	Zip: Country:

4. FEI Number: 85-0058198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6.

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7. Name and Address of Current Registered Agent

Name: Zacarias Sanchez

Street Address (P.O. Box Number is Not Acceptable)

11525 Hutchison Blvd. Suite 102

City: Panama City Beach FL Zip Code: 32407

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 6/22/2022

Signature, type or printed name of registered agent and title if applicable

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

E-mail Address: zack.sanchez@whenyouthink.co

To be used for future annual report notices

9. AUTHORIZED REPRESENTATIVES / MANAGERS

TITLE	MGR
NAME	Zacarias Sanchez
STREET ADDRESS	11525 Hutchison Blvd. Suite 102
CITY-ST-ZIP	Panama City Beach, FL 32407
TITLE	AMBR
NAME	Bryan Shields
STREET ADDRESS	11525 Hutchison Blvd. Suite 102
CITY-ST-ZIP	Panama City Beach, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

10.

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 6-22-22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone#