

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096966

Entity Name: ANNA MARIA BEACHCOTTAGES RENTAL CO LLC**Current Principal Place of Business:**112 OAK AVE
ANNA MARIA, FL 34216**Current Mailing Address:**ANNA MARIA BEACH COTTAGES RENTAL CO LLC
P O BOX 817
ANNA MARIA, FL 34216**FEI Number:** 20-3569556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROFESSIONAL TAX CONSULTANTS INC
314 AVE K SE
WINTER HAVEN, FL 33880 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:** CHARLOTTE O. DAVIS

03/06/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name BRENNEMAN, TIMOTHY C.
Address 6401 HOLMES BLVD
UNIT A
City-State-Zip: HOLMES BEACH FL 34217

Title MANAGING MEMBER
Name HOWLAND, DORIS
Address 507 PINE AVE
STE C
City-State-Zip: ANNA MARIA FL 34216

Title MANAGING MEMBER
Name DIMSDLE, NANCY
Address PO BOX 3460
City-State-Zip: SARASOTA FL 34241

Title MANAGING MEMBER
Name VIDA, FINAH
Address 942 SUMMERFIELD DRIVE
City-State-Zip: LAKELAND FL 33803

Title MANAGING MEMBER
Name WIERY, LINDA
Address 1805 EAST WESTERN RESERVE RD.
41
City-State-Zip: POLAND OH 44514

Title MANAGING MEMBER
Name JACKSON, CORY & CARLA
Address 2252 DARLINGTON EAST ROAD
City-State-Zip: BELLVILLE OH 44813

Title AUTHORIZED MEMBER
Name DON'T PANIC LLC
Address 245 JACKSON ST
City-State-Zip: AUGUSTA MO 63332

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: CORY JACKSON

MANAGING MEMBER

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date