

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018569

Entity Name: ANCOSHORES, LLC**Current Principal Place of Business:**7923 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407**Current Mailing Address:**PO BOX 16607
TALLAHASSEE, FL 32317 US**FEI Number:** 76-0818178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERS, DYLAN
227 SOUTH CALHOUN
TALLAHASSEE, FL 32312 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:** DYLAN RIVERS

03/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name RIVERS, EUGENE GROVER
Address 414 SUMMERBROOKE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title MGR
Name PAPPAFOTIS, VIRGINIA
Address 6584 BRIDGE WATER WAY
UNIT 306
City-State-Zip: PANAMA CITY BEACH FL 32407

Title CEO / TEAM LEADER
Name ARMSTRONG, SHAYNA
Address 7923 PANAMA CITY BEACH PARKWAY
City-State-Zip: PANAMA CITY BEACH FL 32407

Title REGIONAL GENERAL MANAGER
Name NUDEL, BENJAMIN CHARLES
Address 7923 PANAMA CITY BEACH PARKWAY
City-State-Zip: PANAMA CITY BEACH FL 32407

Title MARKET CENTER ADMINISTRATOR
Name CHAFFIN, SHELBY A
Address 7923 PANAMA CITY BEACH PARKWAY
City-State-Zip: PANAMA CITY BEACH FL 32407

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: SHELBY CHAFFIN

MCA

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date