

2021 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

01/13/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name RIVERS, EUGENE GROVER
Address PO BOX 16607
City-State-Zip: TALLAHASSEE FL 32317

Title AMBR
Name BOYD, KARA MICHELLE
Address 2621 KATIE MARIE LANE
City-State-Zip: LYNN HAVEN FL 32444

Title AMBR
Name ALVIS, MICHAEL ANTHONY
Address 121 N WAUKESHA ST
City-State-Zip: BONIFAY FL 32425

Title AMBR
Name MOREAU, ELIZABETH
Address PO BOX 1108
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AMBR
Name WOODRUFF, JOY
Address 4241 WILLOW JAMES WAY
City-State-Zip: TALLAHASSEE FL 32303

Title AMBR
Name MASHBURN, DAVID ALLEN
Address 1806 BRITTON LANE
City-State-Zip: LYNN HAVEN FL 32444

Title AMBR
Name BENNETT, AMY
Address 300 AUGUSTA DR
#307
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: EUGENE GROVER RIVERS

PRES

01/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date