Current Mai	iling Address:		
PO BOX 166 TALLAHASS	607 SEE, FL 32317 US		
FEI Number: 76-0818178			Certificate of Status Desired: No
Name and A	Address of Current Registered Agent:		
227 SOUTH CA			
227 SOÚTH CA TALLAHASSEE	ALHOUN	its registered office or regis	tered agent, or both, in the State of Florida.
227 SOUTH CA TALLAHASSEE The above named	ALHOUN E, FL 32312 US	its registered office or regis	tered agent, or both, in the State of Florida. 04/08/20
227 SOUTH CA TALLAHASSEE The above named	ALHOUN E, FL 32312 US d entity submits this statement for the purpose of changing	its registered office or regis	0
227 SOUTH CA TALLAHASSEE The above named SIGNATURE	ALHOUN E, FL 32312 US d entity submits this statement for the purpose of changing E:	its registered office or regis	04/08/20
227 SOUTH CA TALLAHASSEE The above named SIGNATURE Authorized I	ALHOUN E, FL 32312 US d entity submits this statement for the purpose of changing E: <u>DYLAN RIVERS</u> Electronic Signature of Registered Agent	its registered office or regis	04/08/20
227 SOUTH CA TALLAHASSEE <i>The above named</i> SIGNATURE Authorized I Title	ALHOUN E, FL 32312 US d entity submits this statement for the purpose of changing E: DYLAN RIVERS Electronic Signature of Registered Agent Person(s) Detail :		04/08/20 Date
The above named	ALHOUN E, FL 32312 US d entity submits this statement for the purpose of changing E: DYLAN RIVERS Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	04/08/20 Date

2025 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

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: REBEKAH RIVERS

MARKET CENTER ADMINISTRATOR

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 08, 2025 Secretary of State 1971496555CC

Date