

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000177297

**Entity Name:** CORCHIS HOSPITALITY, LLC

**Current Principal Place of Business:**

12805 US HWY 98 EAST  
SUITE R101  
INLET BEACH, FL 32461

**Current Mailing Address:**

12805 US HWY 98 EAST  
SUITE R101  
INLET BEACH, FL 32461 US

**FEI Number:** 47-5379363

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CORCHIS, GILLIAN K  
Address 12805 US HWY 98 EAST  
SUITE R101  
City-State-Zip: INLET BEACH FL 32461

Title AMBR  
Name CORCHIS, ALYSSA K  
Address 12805 US HWY 98 EAST  
SUITE R101  
City-State-Zip: INLET BEACH FL 32461

Title AMBR  
Name CORCHIS, NATHAN M  
Address 12805 US HWY 98 EAST  
SUITE R101  
City-State-Zip: INLET BEACH FL 32461

Title AMBR  
Name CORCHIS, JORDIN P  
Address 12805 US HWY 98 EAST  
SUITE R101  
City-State-Zip: INLET BEACH FL 32461

Title AMBR  
Name CORCHIS, AMY K  
Address 12805 US HWY 98 EAST  
SUITE R101  
City-State-Zip: INLET BEACH FL 32461

Title AMBR  
Name CORCHIS, JR., GEORGE, P  
Address 12805 US HWY 98 EAST  
SUITE R101  
City-State-Zip: INLET BEACH FL 32461

*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:** JORDIN CORCHIS

**MANAGER**

02/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date