

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000029396

Entity Name: CORCHIS HOSPITALITY GROUP, 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: 81-1665589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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 CAPITAL, INC
Address 12805 US HWY 98 EAST
SUITE R101
City-State-Zip: INLET BEACH FL 32461

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

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

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

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

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

Title MGR
Name CORCHIS, GILLIAN K
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 P CORCHIS

MGR

05/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date