

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000223917

Entity Name: 9 LINS COTT, LLC

Current Principal Place of Business:

1 LOWELL'S COVE ROAD
ORR'S ISLAND, ME 04066

Current Mailing Address:

PO BOX 44
ORR'S ISLAND, ME 04066

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SYLVESTER, JOHN E JR
9991 RIMINI CT.
FT. MYERS, FL 33913 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 MGR
Name SYLVESTER, JOHN E JR
Address PO BOX 48
City-State-Zip: ORR'S ISLAND ME 04066

Title AMBR
Name SYLVESTER, KATHLEEN M
Address PO BOX 48
City-State-Zip: ORR'S ISLAND ME 04066

Title AMBR
Name SYLVESTER, WILLIAM E
Address 2355 W. MICHIGAN AVE, CV-1
City-State-Zip: PENSACOLA FL 32526

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: KATHLEEN M SYLVESTER

AMBR

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date