

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000102110

Entity Name: ANACHORESIS, LLC

Current Principal Place of Business:

670 A1A BEACH BLVD,
UNIT A & B
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

504 MONTIANO CIRCLE
SAINT AUGUSTINE, FL 32084

FEI Number: 83-4521780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCINE, MICHAEL
504 MONTINAO CIRCLE
SAINT AUGUSTINE, FL 32084 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 SCINE, MICHAEL
Address 504 MONTIANO CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32084

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: MICHAEL SCINE

PRESIDENT

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date