

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000437936

**Entity Name:** SHORECON SERVICES, LLC

**Current Principal Place of Business:**

15502 STONEYBROOK WEST PARKWAY  
STE 104-235  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

15502 STONEYBROOK WEST PARKWAY  
STE 104-235  
WINTER GARDEN, FL 34787 US

**FEI Number:** 92-1813940

**Certificate of Status Desired:** Yes

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

HOLMAN, CHRISTOPHER  
1000 MAIN STREET  
STE. 308  
DAVENPORT, FL 33897 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 HOLMAN, CHRISTOPHER  
Address 1000 MAIN STREET STE. 308  
City-State-Zip: DAVENPORT FL 33897

*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:** CHRISTOPHER HOLMAN

**MANAGER**

**03/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date