

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000480481

**Entity Name:** 381 COLEMAN STREET LLC

**Current Principal Place of Business:**

139 BEAL PKWY SE  
UNIT 202  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

139 BEAL PKWY SE  
UNIT 202  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 93-4163758

**Certificate of Status Desired:** No

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

DAVENPORT, SAMUEL M  
139 BEAL PKWY SE  
UNIT 202  
FORT WALTON BEACH, FL 32548 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 DAVENPORT, SAMUEL M  
Address 139 BEAL PKWY SE, UNIT 202  
City-State-Zip: FORT WALTON BEACH FL 32548

Title AMBR  
Name DAVENPORT, TAMMY C  
Address 139 BEAL PKWY SE, UNIT 202  
City-State-Zip: FORT WALTON BEACH FL 32548

Title MGR  
Name BEVERLY G MARR REVOCABLE  
TRUST AGREEMENT DATED 1/21/13  
Address 225 ALCONESE AVE UNIT D  
City-State-Zip: FORT WALTON BEACH FL 32548

*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:** TAMMY DAVENPORT

**MANAGER**

**02/18/2024**

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

\_\_\_\_\_  
Date