

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000036579

Entity Name: SLS SOUTH INC.**Current Principal Place of Business:**266 BERMUDA GREENS AVENUE
PONTE VEDRA BEACH, FL 32081**Current Mailing Address:**266 BERMUDA GREENS AVENUE
PONTE VEDRA BEACH, FL 32081 US**FEI Number:** 86-3625665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZENBUSINESS INC.
336 E. COLLEGE AVE.
SUITE 301
TALLAHASSEE, FL 32301 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:** KHADIJEH HEMMATI

04/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SCALICE, SHANNON
Address	266 BERMUDA GREENS AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

Title	TRES
Name	SCALICE, SHANNON
Address	266 BERMUDA GREENS AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

Title	SEC
Name	SCALICE, SHANNON
Address	266 BERMUDA GREENS AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

Title	DIRE
Name	SCALICE, SHANNON
Address	266 BERMUDA GREENS AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

Title	DIRE
Name	SCALICE, MICHAEL JR
Address	266 BERMUDA GREENS AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

Title	VP
Name	SCALICE, MICHAEL JR
Address	266 BERMUDA GREENS AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON SCALICE**PRESIDENT**

04/15/2022

Electronic Signature of Signing Officer/Director Detail

Date