

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000195

Entity Name: SURVIVOR LLC**Current Principal Place of Business:**19508 SHUMARD OAK DRIVE
SUITE 101
LAND O LAKE, FL 34638**Current Mailing Address:**P.O. BOX 7743
WESLEY CHAPEL, FL 33545 US**FEI Number:** 20-8911742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERZ, TAMARA
19508 SHUMARD OAK DRIVE
SUITE 101
LAND O LAKE, FL 34638 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	PRESIDENT
Name	HERZ, TAMARA J
Address	P.O. BOX 7743
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	MGRM
Name	HERZ, RALPH R
Address	P.O. BOX 7743
City-State-Zip:	WESLEY CHAPEL FL 33545

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: TAMARA HERZ**PRESIDENT****01/25/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date