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

MGR

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK L HARARI

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

501 LIDO DRIVE FORT LAUDERDALE. FL 33301

DOCUMENT# L07000031880

501 LIDO DRIVE

FEI Number: 20-8703359

FORT LAUDERDALE, FL 33301

Name and Address of Current Registered Agent:

HARARI, CINDY ESQ. 501 LIDO DRIVE FORT LAUDERDALE, FL 33301 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: CINDY HARARI

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: HIDEAWAY LIMITED LIABILITY COMPANY

Authorized Person(s) Detail :

Title MGR Name HARARI, JACK LMD Address 501 LIDO DRIVE

City-State-Zip: FORT LAUDERDALE FL 33301

Certificate of Status Desired: No

01/24/2024 Date

Date

01/24/2024