

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000038210

Entity Name: PYSIPET, LLC**Current Principal Place of Business:**609 GLYNN SPRINGS DR.
WILLIAMSBURG, VA 23188**Current Mailing Address:**609 GLYNN SPRINGS DR.
WILLIAMSBURG, VA 23188 US**FEI Number:** 26-4717659**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOWLER, O'QUINN, FEENEY & SNEED, PA
28 WEST CENTRAL BLVD.
FOURTH FLOOR
ORLANDO, FL 32801 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 | MGRM |
| Name | WADDY, JUDE |
| Address | 311 JEFFERSON AVE APT#1 |
| City-State-Zip: | BROOKLYN NY 11216 |

| | |
|-----------------|----------------------------|
| Title | MGRM |
| Name | IRISH MIST INVESTMENTS LLC |
| Address | 100 SOUTH EOLA DRIVE |
| City-State-Zip: | ORLANDO FL 32801 |

| | |
|-----------------|-------------------------------|
| Title | MGRM |
| Name | SHARPER CITY INVESTMENTS LLC |
| Address | 3839 NW BOCA RATON BLVD. #100 |
| City-State-Zip: | BOCA RATON FL 33431 |

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: MICHAEL MCGOWAN

MGR

08/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date