| FEI NUITIBEL.                                      | Certificate of Status De   |  |  |
|--|--|--|--|
| Name and Ad  | dress of Current Registered Agent:   |  |  |
| BONO, MICHAEL<br>489 BAYFRONT F<br>NAPLES, FL 3410 |  |  |  |
| The above named e                                  | ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of |  |  |
| SIGNATURE:   | MICHAEL BONO   |  |  |
|  | Electronic Signature of Registered Agent   |  |  |
| Authorized Person(s) Detail :                      |  |  |  |
|  |  |  |  |

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010474

Entity Name: MOR-VAN OPERATIONS, LLC

### **Current Principal Place of Business:**

489 BAYFRONT PLACE NAPLES, FL 34102

#### **Current Mailing Address:**

**489 BAYFRONT PLACE** NAPLES, FL 34102 US

# FEI Number: 27-4675550

#### Nam

The ab of Florida.

| Authorized Person(s) Detail : |                    |                 |                    |  |
|-------------------------------|--------------------|-----------------|--------------------|--|
| Title                         | AUTHORIZED MEMBER  | Title           | MGR                |  |
| Name                          | MORGAN, NIGEL W    | Name            | BONO, MICHAEL C    |  |
| Address                       | 1550 MULLET LANE   | Address         | 489 BAYFRONT PLACE |  |
| City-State-Zip:               | NAPLES FL 34102    | City-State-Zip: | NAPLES FL 34102    |  |
| Title                         | MGR                |                 |                    |  |
| Name                          | STEK, SCOTT        |                 |                    |  |
| Address                       | 489 BAYFRONT PLACE |                 |                    |  |
| City-State-Zip:               | NAPLES FL 34102    |                 |                    |  |

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 BONO

MGR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 16, 2021 Secretary of State 1231704819CC

> 01/16/2021 Date

Certificate of Status Desired: No