2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000082612

Entity Name: HIGHER GROUND RESOURCES, LLC

Current Principal Place of Business:

8319 SWISS CHARD CIR LAND O LAKES, FL 34637

Current Mailing Address:

850 EAST LIME STREET #851 TARPON SPRINGS, FL 34688 US

FEI Number: 45-2770746

Name and Address of Current Registered Agent:

NICHOLAS, JAMES ASR 850 EAST LIME STREET #851 TARPON SPRINGS, FL 34688 US FILED Apr 13, 2024 Secretary of State 1491890883CC

Date

Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

Name NICHOLAS, JAMES ASR. Name NIC	CHOLAS, DIANA J
Address 850 EAST LIME STREET Address 850 #851 #85	0 EAST LIME STREET 51
City-State-Zip: TARPON SPRINGS FL 34688 City-State-Zip: TAR	RPON SPRINGS FL 34688
Title MEMBER Title MEM	EMBER
Name NICHOLAS, CHRISTOPHER JAMES Name NIC	CHOLAS, ANTHONY JAMES
#85	0 EAST LIME STREET 51
City-State-Zip: HUDSON FL 34669 City-State-Zip: TAR	RPON SPRINGS FL 34688
Title AUTHORIZED MEMBER Title AUT	ITHORIZED MEMBER
Name NICHOLAS, JOHN JAMES Name NIC	CHOLAS, JAMES ANTHONY JR.
Address 850 EAST LIME STREET	0 EAST LIME STREET
City-State-Zip: TARPON SPRINGS FL 34688	RPON SPRINGS FL 34688
Title AUTHORIZED MEMBER	
Name NICHOLAS, ARIANA MARI	
Address 850 EAST LIME STREET #851	

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: JAMES A NICHOLAS SR

City-State-Zip: TARPON SPRINGS FL 34688

MANAGING MEMBER 04/13/2024

Electronic Signature of Signing Authorized Person(s) Detail