2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000038876

Entity Name: ENJOY ON FIRST LLC

Current Principal Place of Business:

1370 WASHINGTON AVE SUITE 302 MIAMI BEACH, FL 33139

Current Mailing Address:

C/O JAS C LLC 1521 ALTON ROAD #380 MIAMI BEACH, FL 33139 US

FEI Number: 46-2522949

Name and Address of Current Registered Agent:

OLIVIERI, FEDERICO C/O JAS C LLC 1521 ALTON ROAD #380 MIAMI BEACH, FL 33139 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.

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|-------------------------------|--|-----------------|----------------------------------|------------|
| SIGNATURE | E FEDERICO OLIVIERI | | | 02/08/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MANAGER | Title | MANAGER | |
| Name | OLIVIERI, FEDERICO | Name | LOPO, MIRIAM | |
| Address | C/O JAS C LLC 1521 ALTON ROAD #380 | Address | 1370 WASHINGTON AVE SUITE 302 | |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI BEACH FL 33139 | |
| Title | MANAGER | | | |
| Name | SONNINO, BIANCA | | | |
| Address | 1370 WASHINGTON AVE SUITE 302 | | | |

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: MIRIAM LOPO

City-State-Zip: MIAMI BEACH FL 33139

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No