2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000020830

Entity Name: WE CREATE LIFT LLC

Current Principal Place of Business:

403 HOLLYWOOD BLVD NW STE B-105 FORT WALTON BEACH, FL 32548

Current Mailing Address:

403 HOLLYWOOD BLVD NW STE B-105 FORT WALTON BEACH, FL 32548 US

FEI Number: 81-1333568

Name and Address of Current Registered Agent:

WECKEL, WILLIAM 403 HOLLYWOOD BLVD NW STE B-105 FORT WALTON BEACH, FL 32548 US

Certificate of Status Desired: No

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 :

| Authorized Ferson(s) Detail . | | | |
|-------------------------------|----------------------------|-----------------|----------------------------|
| Title | AMBR | Title | AMBR |
| Name | WECKEL, WILLIAM | Name | RUPRECHT, TROY |
| Address | 140 OPP BLVD NE | Address | 2413 WINTER PARK CT |
| City-State-Zip: | FORT WALTON BEACH FL 32548 | City-State-Zip: | FORT WALTON BEACH FL 32547 |
| Title | AMBR | | |
| Name | THOMAS, MARK A | | |
| Address | 46 E GEORGE ST. | | |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 | | |

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: WILLIAM WECKEL

PARTNER

04/07/2021 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 07, 2021 Secretary of State 1086466443CC