| lumber: 81-2938828                                  | Certificate of Statu |
|-----------------------------------------------------|----------------------|
| e and Address of Current Registered Agent:          |                      |
| HAROLD MGR<br>SAINT JAMES LOOP<br>NESS, FL 34453 US |                      |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000032600

Entity Name: UTILITY SERVICE ALLIANCE, LLC

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

1412 E SAINT JAMES LOOP INVERNESS, FL 34453

## **Current Mailing Address:**

1412 E SAINT JAMES LOOP INVERNESS, FL 34453 US

## **FEI Nu**

## Name

NOA, H 1412 E INVERN

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:                    | : HAROLD NOA                             |                 |                      | 01/11/2024 |
|-------------------------------|------------------------------------------|-----------------|----------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                      | Date       |
| Authorized Person(s) Detail : |                                          |                 |                      |            |
| Title                         | MGR                                      | Title           | MGR                  |            |
| Name                          | NOA, HAROLD                              | Name            | NOA, WALTER          |            |
| Address                       | 1412 E SAINT JAMES LOOP                  | Address         | 9204 2575 LN         |            |
| City-State-Zip:               | INVERNESS FL 34453                       | City-State-Zip: | RAPID RIVER MI 49878 |            |

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: HAROLD NOA

MGR

01/11/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 11, 2024 Secretary of State 3263937954CC

us Desired: No