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: ALBERTO CISNEROS

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CISNEROS, ALBERTO B 216 N LONE OAK DR. LESBURG, FL 34748 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.

SIGNATURE:

Authorized Person(s) Detail : Title OWNER Title OWNER CISNEROS, ALBERTO BRUNO Name Name 216 N LONE OAK DR Address 1801 HARCOURT DR Address City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000057479

Entity Name: THE 24 TAP ROOM LLC

Current Principal Place of Business:

110 S 5TH ST LEESBURG, FL 34748

Current Mailing Address:

216 N LONE OAK DR LEESBURG. FL 34748

FEI Number: 81-1897577

PEADEN, ALEXANDRIA C

Certificate of Status Desired: No

Date

07/02/2020 Date

FILED Jul 02, 2020 Secretary of State 1537686816CC

OWNER