2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000195895

Entity Name: ITSEZO, LLC

Current Principal Place of Business:

1451 OCEAN DRIVE SUITE 205 MIAMI BEACH, FL 33139

Current Mailing Address:

1451 OCEAN DRIVE SUITE 205 MIAMI BEACH, FL 33139

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

WATTS-FITZGERALD, ABIGAIL C 2800 PONCE DE LEON BOULEVARD SUITE 1400 CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | AMBR | Title | CFO |
|-----------------|-----------------------------|-----------------|-------------------------------|
| Name | BOUCHER, PERRY A | Name | CEDRATI, ADAM |
| Address | 1451 OCEAN DRIVE, SUITE 205 | Address | 1451 OCEAN DRIVE SUITE 205 |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | |
| Title | MGMR | Title Name | MGMR |
| Name | BOUCHER, JAMES | | BOUCHER, MICHAEL |
| Address | 1451 OCEAN DRIVE | | |
| | SUITE 205 | Address | 1451 OCEAN DRIVE SUITE 205 |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | |
| Title | MGMR | | |
| Name | BOUCHER, STEVEN | | |
| Address | 1451 OCEAN DRIVE | | |

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.

CFO

SIGNATURE: ADAM CEDRATI

SUITE 205 City-State-Zip: MIAMI BEACH FL 33139

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/27/2023

Date