| TAMPA, FL  | 33629   |                        |  |                             |
|--|---|------------------------|--|-----------------------------|
| FEI Number: 87-4483086   |   |                        | Certificate of Status Desire                 | ed: Yes                     |
| Name and A   | ddress of Current Registered Agent:   |                        |  |                             |
| SCHWEITZER,<br>1002 SOUTH F<br>TAMPA, FL 33  | RANKLAND ROAD   |                        |  |                             |
| 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. |   |                        |  |                             |
| The above name   | d entity submits this statement for the purpose of changing its regis                         | stered office or regis | tered agent, or both, in the State of Florid | а.                          |
|  | d entity submits this statement for the purpose of changing its regis<br>E: CAROL SCHWEITZER  | stered office or regis |  | <sup>a.</sup><br>)1/18/2022 |
|  |   | stered office or regis |  |                             |
| SIGNATURE  | E: CAROL SCHWEITZER   | stered office or regis |  | 01/18/2022                  |
| SIGNATURE  | E: CAROL SCHWEITZER<br>Electronic Signature of Registered Agent                               | stered office or regis |  | 01/18/2022                  |
| SIGNATURE<br>Authorized  | Electronic Signature of Registered Agent  Person(s) Detail :                                  |                        | (  | 01/18/2022                  |
| SIGNATURE<br>Authorized  | E: CAROL SCHWEITZER<br>Electronic Signature of Registered Agent<br>Person(s) Detail :<br>AMBR | Title                  | AMBR   | 01/18/2022<br>Date          |

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: CAROL SCHWEITZER

MEMBER

01/18/2022

**Current Mailing Address:** 

1002 SOUTH FRANKLAND ROAD

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000031538

Entity Name: 3015 EUCLID, LLC

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

1002 SOUTH FRANKLAND ROAD TAMPA, FL 33629

## 2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED Jan 18, 2022 **Secretary of State** 8315232287CR

Date