

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000068694

Entity Name: VIEW FLORIDA, LLC**Current Principal Place of Business:**2225 EAST EDGEWOOD DR.
SUITE 11
LAKELAND, FL 33803**Current Mailing Address:**9800 CONNECTICUT DR.
CROWN POINT, IN 46307 US**FEI Number:** 83-0794091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Date

Authorized Person(s) Detail :

Title	MGR
Name	VIEW OUTDOOR, INC.
Address	2225 EAST EDGEWOOD DR.
City-State-Zip:	LAKELAND FL 33803

Title	P
Name	SCHROEDER, PETE
Address	9800 CONNECTICUT DR STE A1-100
City-State-Zip:	CROWN POINT IN 46307

Title	T
Name	CARLSON, KEVIN
Address	9800 CONNECTICUT DR STE A1-100
City-State-Zip:	CROWN POINT IN 46307

Title	S
Name	WEISLER, JASON
Address	9800 CONNECTICUT DR STE A1-100
City-State-Zip:	CROWN POINT IN 46307

Title	V
Name	SCHROEDER, MICHAEL
Address	2225 EAST EDGEWOOD DR.
City-State-Zip:	LAKELAND FL 33803

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: JASON WEISLER**SECRETARY****02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date