617 SW 2ND L	ncipal Place of Business: N ACH, FL 33060			
Current Ma	iling Address:			
617 SW 2NI POMPANO	D LN BEACH, FL 33060 US			
FEI Number: 83-2146081 Cert			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
MILOSEVIC. N	ENAD			
617 SW 2NDL				
617 SW 2NDLI POMPANO BE	N	registered office or regis	tered agent, or both, in the State of Flor	rida.
617 SW 2NDLM POMPANO BE The above name	N ACH, FL 33060 US	registered office or regis	tered agent, or both, in the State of Flor	<sup>ida.</sup> 09/19/2023
617 SW 2NDLM POMPANO BE The above name	N ACH, FL 33060 US d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flor	
617 SW 2NDLI POMPANO BE The above name SIGNATURI	N ACH, FL 33060 US d entity submits this statement for the purpose of changing its E: NENAD MILOSEVIC	registered office or regis	tered agent, or both, in the State of Flor	09/19/2023
617 SW 2NDLI POMPANO BE The above name SIGNATURI	N ACH, FL 33060 US d entity submits this statement for the purpose of changing its E: <u>NENAD MILOSEVIC</u> Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flor	09/19/2023 Date
617 SW 2NDLI POMPANO BE The above name SIGNATURI Authorized	N ACH, FL 33060 US d entity submits this statement for the purpose of changing its E: <u>NENAD MILOSEVIC</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			09/19/2023 Date
617 SW 2NDLI POMPANO BE The above name SIGNATURI Authorized Title	ACH, FL 33060 US d entity submits this statement for the purpose of changing its E: NENAD MILOSEVIC Electronic Signature of Registered Agent Person(s) Detail : CEO	Title	AUTHORIZED MEMBER, MANA	09/19/2023 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: NENAD MILOSEVIC

CEO

09/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000238929

Entity Name: N. MILOSEVIC LLC

## rrent Bringing, Blace of Business

FILED Sep 19, 2023 Secretary of State 2270044169CC

Date