2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L1900008603

Entity Name: SNSD FACTORY LLC

Current Principal Place of Business:

13474 ATLANTIC BLVD SUITE 106 JACKSONVILLE, FL 32225

Current Mailing Address:

13474 ATLANTIC BLVD SUITE 106 JACKSONVILLE, FL 32225

FEI Number: 83-3027111

Name and Address of Current Registered Agent:

ABNER, CHARLES A 13474 ATLANTIC BLVD SUITE 106 JACKSONVILLE, FL 32225 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 | AMBR |
|--|-----------------|--------------------------|-----------------|---------------------------------|
| | Name | ABNER, CHARLES A | Name | RUDAY, WILLIAM J |
| | Address | 1104 GIRVIN RD | Address | 3140 SOUTHERN HILLS CIRCLE WEST |
| | City-State-Zip: | JACKSONVILLE FL 32225 | City-State-Zip: | JACKSONVILLE FL 32225 |
| | Title | AMBR | Title | AMBR |
| | Name | CUEVA, JASON E | | |
| | Address | 3976 COASTAL COVE CIRCLE | Name | CUEVA, JENNIFER E |
| | Address | 3970 COASTAL COVE CIRCLE | Address | 3976 COASTAL COVE CIRCLE |
| | City-State-Zip: | JACKSONVILLE FL 32224 | City-State-Zip: | JACKSONVILLE FL 32224 |
| | | | | |

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: JENNIFER CUEVA

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 05, 2021 Secretary of State 4007418352CC

Certificate of Status Desired: No

Date

MANAGER