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: VICTORIA MCCRAY

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 812 ISLANDER AVE

Current Principal Place of Business:

ORLANDO, FL 32825 US

DOCUMENT# L19000024870

FEI Number: 83-3423204

Name and Address of Current Registered Agent:

MCCRAY, VICTORIA 812 ISLANDER AVE ORLANDO, FL 32825 US

14521 E. COLONIAL DR ORLANDO, FL 32826

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	AUTHORIZED REPRESENTATIVE
Name	MCCRAY, VICTORIA	Name	WHITE, BENJAMIN
Address	812 ISLANDER AVE	Address	812 ISLANDER AVE
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825

OWNER

Date

Certificate of Status Desired: Yes

04/24/2024

FILED Apr 24, 2024 Secretary of State 8427793245CC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CENTRAL FLORIDA GROUND CONTROL LLC

Date