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.

OWNER

SIGNATURE: JIM & SHARON (RANGEMASTER) MCCLURE

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000158566

Entity Name: THE OLDE RANGE MASTER LLC

Current Principal Place of Business:

3438 CHESSINGTON ST CLERMONT, FL 34711

Current Mailing Address:

3438 CHESSINGTON ST CLERMONT, FL 34711 US

FEI Number: 55-0863722

Name and Address of Current Registered Agent:

MCCLURE, SHARON K 3438 CHESSINGTON ST CLERMONT, FL 34711 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:

Auth

Title	MGR	Title	MGR
Name	MCCLURE, JIM	Name	MCCLURE, SHARON
Address	3438 CHESSINGTON ST	Address	3438 CHESSINGTON ST
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

	Electronic Signature of Registered Agent			
horized Person(s) Detail :				
	MGR	Title	MGR	
е	MCCLURE, JIM	Name	MCCLURE, SHARON	
ess	3438 CHESSINGTON ST	Address	3438 CHESSINGTON ST	

Certificate of Status Desired: No

03/30/2020

FILED Mar 30, 2020 Secretary of State 9031915613CC

Date

Date