

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000302725

**Entity Name:** PEOPLE ASCENDING CULTURE KNOWLEDGE (P.A.C.K) LLC

**Current Principal Place of Business:**

1336 HIDEAWAY DR S  
ST. JOHNS, FL 32259

**Current Mailing Address:**

1336 HIDEAWAY DR S  
ST. JOHNS, FL 32259 US

**FEI Number: 84-4115663**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CLARK, ROBERT  
1336 HIDEAWAY DR S  
ST. JOHNS, FL 32259 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 CLARK, ROBERT  
Address 1336 HIDEAWAY DR S  
City-State-Zip: ST. JOHNS FL 32259

Title AMBR  
Name MORALES, GLENN  
Address 520 BAY HOLLOW CT  
City-State-Zip: ST JOHNS FL 32259

Title AMBR  
Name RICHARDS, DAMEON  
Address 10960 BEACH BLVD  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name SEDER, GEORGE  
Address 901 BROOKHAVEN DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

*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: ROBERT CLARK**

**MANAGER**

**04/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date