

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000014028

**Entity Name:** 832 HOLDINGS, LLC

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD STE 200  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD STE200  
ORLANDO, FL 32827 US

**FEI Number:** 84-4389629

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC.  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 P  
Name BEUCHER, NICHOLAS F III  
Address 6900 TAVISTOCK LAKES BLVD STE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name COLLIN, THOMAS CRAIG  
Address 6900 TAVISTOCK LAKES BLVD STE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name DOMINGUE, RONALD MARTIN  
Address 6900 TAVISTOCK LAKES BLVD STE 200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name FIGUERO, ALEXANDER  
Address 6900 TAVISTOCK LAKES BLVD STE 200  
City-State-Zip: ORLANDO FL 32827

Title VP, S  
Name RENCORET, MICHELLE R  
Address 6900 TAVISTOCK LAKES BLVD STE 200  
City-State-Zip: ORLANDO FL 32827

Title VP, T  
Name WEAVER, BENJAMIN A.  
Address 6900 TAVISTOCK LAKES BLVD STE 200  
City-State-Zip: ORLANDO FL 32827

*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:** NICHOLAS F. BEUCHER, III

**PRESIDENT**

**03/14/2022**

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

\_\_\_\_\_  
Date