| Entity Name: BEAT THE ODDS THREE PERCENT LLC | | Secretary of State 2550168420CC | |
|--|-----------------|------------------------------------|------------|
| Current Principal Place of Business: | | | |
| 413 SW 11TH ST | | | |
| FORT LAUDERDALE, FL 33315 | | | |
| Current Mailing Address: | | | |
| 413 SW 11TH ST | | | |
| FORT LAUDERDALE, FL 33315 US | | | |
| FEI Number: 85-2315468 | | Certificate of Status Desi | red: No |
| Name and Address of Current Registered Agent: | | | |
| HM ACCOUNTING SERVICES LLC | | | |
| 7320 GRIFFIN RD SUITE 12 | | | |
| DAVIE, FL 33314 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: HORACIO MORENO | | | 04/25/2023 |
| Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | |
| Title MGR | Title | MGR | |
| Name HENRY, TIMOTHY W | Name | CROCKETT, MALIA | |
| Address 413 SW 11TH ST | Address | 323 SW 17TH STREET | |
| City-State-Zip: FORT LAUDERDALE FL 33315 | City-State-Zip: | FORT LAUDERDALE FL 33315 | |
| | | | |

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000237761

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: TIMOTHY W HENRY

MGR

04/25/2023

FILED Apr 25, 2023

Electronic Signature of Signing Authorized Person(s) Detail