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: SPIRIT SHANTI

Electronic Signature of Signing Authorized Person(s) Detail

SHANTI, SPIRIT R 1270 WINTERHAWK DRIVE SAINT AUGUSTINE, FL 32086 US

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

1270 WINTERHAWK DRIVE

City-State-Zip: SAINT AUGUSTINE FL 32086

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:

Address

Authorized Person(s) Detail : Title MGR Title AUTHORIZED MEMBER SHANTI, SPIRIT R Name SHANTI, KATHRYN SEYMOUR Name

	,	 0 0	0	0	0 /	,
SIGNATURE						

01/26/2024 MGR

Address

City-State-Zip:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1270 WINTERHAWK DRIVE SAINT AUGUSTINE, FL 32086

Current Mailing Address: 1270 WINTERHAWK DRIVE SAINT AUGUSTINE. FL 32086

FEI Number: 85-2750980

Secretary of State 3243079519CC

FILED Jan 26, 2024

Certificate of Status Desired: No

1270 WINTERHAWK DRIVE

SAINT AUGUSTINE FL 32086

Date

Date