that my name appears above, or on an attachment with all other like empowered. AP

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

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 6 JUNIPER PASS CRSE

Entity Name: APEX OUTDOOR DESIGN, LLC

LOT 30 OCALA, FL 34480

Current Mailing Address:

DOCUMENT# L20000306549

6 JUNIPER PASS CRSE OCALA, FL 34480 US

FEI Number: 86-3668827

Name and Address of Current Registered Agent:

JONES TORRES, DAVIE R **6 JUNIPER PASS CRSE** OCALA, FL 34480 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

Authorized Person(s) Detail :

Title	AP	Title	AP
Name	JONES TORRES, XAELIS M	Name	JONES TORRES, DAVIE R
Address	6 JUNIPER PASS CRSE	Address	6 JUNIPER PASS CRSE
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2023 Secretary of State 4343862479CC

Date

Certificate of Status Desired: No

SIGNATURE: XAELIS MARIE JONES TORRES

Date

03/04/2023