26890 HIAW BROOKSVIL				
The above nar	med entity submits this statement for the purpose of c	hanging its registered office or re	gistered agent, or both, in the State of	Florida.
SIGNATU	IRE: RYAN SIMON			09/24/2023
	Electronic Signature of Registered Agent	t		Date
Authorize	d Person(s) Detail :			
Title	AMBR	Title	AMBR	
Name	SIMON, RYAN D	Name	SIMON, DANIEL J	
Address	5564 LANDOVER BLVD	Address	5564 LANDOVER BLVD	

## **Current Mailing Address:**

5564 LANDOVER BLVD SPRING HILL, FL 34609

DOCUMENT# L21000313419

**Current Principal Place of Business:** 

5564 LANDOVER BLVD SPRING HILL, FL 34609 US

### FEI Number: 87-1596740

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

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

SIMON, RYAN D 26890 BROO

City-State-Zip: SPRING HILL FL 34609

# 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: RYAN SIMON OWNER

Electronic Signature of Signing Authorized Person(s) Detail

# Certificate of Status Desired: Yes

City-State-Zip: SPRING HILL FL 34609

09/24/2023

# FILED Sep 24, 2023 Secretary of State 6783094998CR

Date