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.

PRESIDENT

SIGNATURE: ALEX NICHOLSON

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	NICHOLSON, ALEX	Name	NICHOLSON, AMY
Address	1601 PINE NEEDLE CT	Address	1601 PINE NEEDLE CT
City-State-Zip:	RALEIGH NC 27614	City-State-Zip:	RALEIGH NC 27614

CLEARWATER, FL 33762 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

FEI Number: 87-2019456

Current Mailing Address:

DOCUMENT# L21000350389

35246 US HWY 19N

PALM HARBOR, FL 34684

35246 US HWY 19N

169

169 PALM HARBOR, FL 34684 US

Entity Name: THRILL CLEARWATER, LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

THE COHRS LAW GROUP, P.A. 2841 EXECUTIVE DRIVE, SUITE 120

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2022 Secretary of State 9544612238CC

Certificate of Status Desired: No

Date

03/21/2022 Date