2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000447077

Entity Name: FALLEN LEAF LAKE LLC

Current Principal Place of Business:

43 N SEAHORSE CIRCLE SANTA ROSA BEACH. FL 32459

Current Mailing Address:

4750 GIBBONS DRIVE

CARMICHAEL, CA 95608 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CSC GLOBAL 1201 HAYS ST.

TALLAHASSEE, FL 32301 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: JOSEPH DEMKO 04/03/2024

Electronic Signature of Registered Agent

Date

FILED Apr 03, 2024

Secretary of State

9008455153CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name TODD, MICHAEL S Name TODD, HOLLI A

Address 43 N SEAHORSE CIRCLE Address 43 N SEAHORSE CIRCLE

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

Title AUTHORIZED REPRESENTATIVE

Name JOHNSON, RAMA

Address 4930 COYOTE CREEK ROAD
City-State-Zip: WOLF CREEK OR 97497

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: RAMA JOHNSON

AUTHORIZED REPRESENTATIVE 04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date