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.

MANAGER

SIGNATURE: SHARI COUNCELL

Electronic Signature of Signing Authorized Person(s) Detail

LOWE, BRENDA S 1180 NW ELMONT ST. PALM BAY, FL 32907 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 MGR Name COUNCELL, SHARI L Address 1537 ARMSTRONG DR. City-State-Zip: LONGMONT CO 80504

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000480862

Entity Name: 677 SEVEN GABLES CIRCLE, SE, PALM BAY, FL. 32909, LLC

Current Principal Place of Business:

677 SEVEN GABLES CIRCLE, SE PALM BAY. FL 32909

Current Mailing Address:

12110 SE 174TH LN APT. # KK102 80504. WA 80504 US

FEI Number: 87-3553685

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

Date

03/01/2024 Date

FILED Mar 01, 2024 Secretary of State 7326065496CC