

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000528417

Entity Name: OUTAGE, LLC

Current Principal Place of Business:

2007 COVE DRIVE
VERO BEACH, FL 32963

Current Mailing Address:

2007 COVE DRIVE
VERO BEACH, FL 32963 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATES, NIKKI L
2007 COVE DRIVE
VERO BEACH, FL 32963 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

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name BATES, NIKKI L
Address 2007 COVE DRIVE
City-State-Zip: VERO BEACH FL 32963

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: NIKKI BATES

MANAGER

02/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date