| 604 EMERAL HOLMES BEA | D LN ACH, FL 34217 US | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------|----------------------|
| FEI Number: 88-2684410 | | Certificate of Status Des | ired: No | |
| Name and Ac | ddress of Current Registered Agent: | | | |
| MACKEY LAW G 1402 3RD AVEN BRADENTON, FI | UEWEST | | | |
| 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. | | | | |
| The above named e | entity submits this statement for the purpose of changing its regist | tered office or regis | tered agent, or both, in the State of Flo | orida. |
| | entity submits this statement for the purpose of changing its regise CATHERINE MACKEY | tered office or regis | tered agent, or both, in the State of Flo | orida. 03/15/2023 |
| | | tered office or regis | tered agent, or both, in the State of Flo | |
| SIGNATURE: | CATHERINE MACKEY | tered office or regis | tered agent, or both, in the State of Flo | 03/15/2023 |
| SIGNATURE: | CATHERINE MACKEY Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the State of Flo | 03/15/2023 |
| SIGNATURE: Authorized P | CATHERINE MACKEY Electronic Signature of Registered Agent Person(s) Detail : | | | 03/15/2023 |
| SIGNATURE: Authorized P Title Name | CATHERINE MACKEY Electronic Signature of Registered Agent Person(s) Detail : AMBR | Title | AMBR | 03/15/2023 |

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: NATHAN BOWES

OWNER

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000233068

Entity Name: 1113 PALMA SOLA BLVD, LLC

Current Principal Place of Business:

604 EMERALD LN HOLMES BEACH, FL 34217

Current Mailing Address:

FILED Mar 15, 2023 **Secretary of State** 1005478557CC

Date