# 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: BRITTANY GOMEZ

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

04/30/2024

Date

#### **Current Mailing Address:**

6570 GRIFFIN RD STE 105 DAVIE, FL 33314 US

#### FEI Number: APPLIED FOR

#### Name and Address of Current Registered Agent:

GOMEZ, BRITTANY 6570 GRIFFIN RD STE 105 DAVIE, FL 33314 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	: BRITTANY GOMEZ			04/30/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	GOMEZ, KAILSBERT I	Name	GOMEZ, BRITTANY	
Address	6570 GRIFFIN RD STE 105	Address	6570 GRIFFIN RD STE 105	
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314	

Certificate of Status Desired: No

FILED Apr 30, 2024 Secretary of State 7513110395CC

### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000452012

Entity Name: APOCALYPTIC DEFENSE LLC

## Current Principal Place of Business:

6570 GRIFFIN RD STE 105 DAVIE, FL 33314