

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000006460

Entity Name: 1 SOURCE TOWERS II, LLC

Current Principal Place of Business:

1936 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655

Current Mailing Address:

1936 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655

FEI Number: 85-3613910

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name MANDEL, F. HOWARD
Address 57 E. WASHINGTON STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title MGR
Name DEBEVEE, CYNTHIA
Address 57 E WASHINGTON STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title MGR
Name LEPENE, RYAN
Address 57 E WASHINGTON STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title MGR
Name DEHNERT, JUSTIN
Address 1936 OVERVIEW DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR
Name LAPERNA, ROGER
Address 1936 OVERVIEW DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title CONTROLLER
Name CULLEN, BENJAMIN
Address 57 EAST WASHINGTON STREET
City-State-Zip: CHAGRIN FALLS OH 44107

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: BENJAMIN CULLEN

CONTROLLER

01/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date