## 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. 04/27/2023 SIGNATURE: ELIZABETH HAGINS AUTHORIZED

Electronic Signature of Signing Authorized Person(s) Detail

4525 WILSHIRE BLVD STE 210 LOS ANGELES. CA 90010 US

## FEI Number: 88-4059298

**Current Mailing Address:** 

901 POCAHONTAS DRIVE FORT WALTON BEACH. FL 32547

## Name and Address of Current Registered Agent:

Entity Name: FWB 901 POCAHONTAS DRIVE FL LLC

**Current Principal Place of Business:** 

VCORP SERVICES, LLC 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	SOUTHSIDE MANAGEMENT GROUP	Name	HAGINS, ELIZABETH
		Address	4525 WILSHIRE BLVD STE 210
Address	4525 WILSHIRE BLVD STE 210	City-State-Zip:	LOS ANGELES CA 90010
City-State-Zip:	LOS ANGELES CA 90010		

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

REPRESENTATIVE

FILED Apr 27, 2023 Secretary of State 5076727881CC

Certificate of Status Desired: No

Date

Date

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.

