

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000003599

Entity Name: ALWAYS SUNNY LACROSSE, INC.**Current Principal Place of Business:**14892 ELLINGSWORTH LANE
WINTER GARDEN, FL 34787**Current Mailing Address:**14892 ELLINGSWORTH LANE
WINTER GARDEN, FL 34787 US**FEI Number: 82-1076357****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFSTAEDTER, KYLE
14892 ELLINGSWORTH LANE
WINTER GARDEN, FL 34787 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**Officer/Director Detail :**

Title	PTD
Name	HOFSTAEDTER, KYLE
Address	14892 ELLINGSWORTH LANE
City-State-Zip:	WINTER GARDEN FL 34787

Title	VD
Name	HEALEY, RYAN C
Address	814 PONCA TR
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	TURNER, COLIN
Address	2839 LION HEART RD
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	KNARESBO, CONNER L
Address	549 WILMINGTON CIRCLE
City-State-Zip:	OVIEDO FL 32765

Title	DIRECTOR
Name	KELLIS, WILLIAM N
Address	118 REDTAIL PLACE
City-State-Zip:	WINTER SPRINGS FL 32708

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KYLE T. HOFSTAEDTER**PRESIDENT****01/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date