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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL L. SULLIVAN

Electronic Signature of Signing Officer/Director Detail

TARPON SPRINGS. FL 34689 US

FEI Number: 59-3112881

Current Mailing Address: 1403 VENTNOR AVENUE

Name and Address of Current Registered Agent:

SULLIVAN, MICHAEL L. 1403 VENTNOR AVE TARPON SPRINGS, FL 34689 US

The above named entity submits this statement of Florida.

SIGNATURE:

Officer/Director Detail : Title Title PD S Name SULLIVAN, MICHAEL L. Name SULLIVAN, ARLENE Address 1403 VENTNOR AVE Address 1403 VENTNOR AVENUE City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

FILED Jan 28, 2021 Secretary of State 5993504940CC

Date

Certificate of Status Desired: No

Date

PRESIDENT

01/28/2021

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21534

Entity Name: M.L. SULLIVAN & ASSOCIATES, INC.

Current Principal Place of Business:

1403 VENTNOR AVENUE TARPON SPRINGS, FL 34689

ntity submits this statement for the purpose of changing	g its registered office or registered agent, or both, in the State of
Electronic Signature of Registered Agent	