2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025195

Entity Name: HARRY'S OF OCALA, LLC

Current Principal Place of Business:

24 SE 1ST AVENUE OCALA, FL 34471

Current Mailing Address:

9995 GATE PARKWAY N SUITE 400B JACKSONVILLE, FL 32246

FEI Number: 22-3875356 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F & L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 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

FILED Apr 15, 2024

Secretary of State

1148233723CC

Authorized Person(s) Detail:

MANAGER, SECRETARY, Title

TREASURER

Name SAIG. LOUIS

Address 9995 GATE PARKWAY N SUITE 400B

City-State-Zip: JACKSONVILLE FL 32246

Title MANAGER

Name SCHEEL, WILLIAM

Address 9995 GATE PARKWAY N SUITE 400B

City-State-Zip: JACKSONVILLE FL 32246

Title COO, VP

Name GRIFFIN, JUSTIN

Address 9995 GATE PARKWAY N

SUITE 400B

JACKSONVILLE FL 32246 City-State-Zip:

Title **MANAGER**

SAIG, GREG Name

Address 9995 GATE PARKWAY N SUITE 400B

City-State-Zip: JACKSONVILLE FL 32246

Title MANAGER, CEO, PRESIDENT

JABOT, JESSE Name

Address 9995 GATE PARKWAY N SUITE 400B

City-State-Zip: JACKSONVILLE FL 32246

Title **MANAGER** JABOT, JEFF Name

Address 9995 GATE PARKWAY N

SUITE 400B

City-State-Zip: JACKSONVILLE FL 32246

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.

04/15/2024 SIGNATURE: LOUIS SAIG SEC/TRES