that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN SLAVIC

Electronic Signature of Signing Authorized Person(s) Detail

MGR

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

Name SANDLER, MICHAEL A 1075 BROKEN SOUND PARKWAY NW, Address SUITE 100 City-State-Zip: BOCA RATON FL 33487

MGRM

SLAVIC, JOHN J

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:

Title

BOCA RATON, FL 33487

ATTN: JOHN SLAVIC

1075 BROKEN SOUND PARKWAY NW, SUITE100 ATTN: JOHN SLAVIC BOCA RATON, FL 33487 US

FEI Number: 20-3654001

Current Mailing Address:

DOCUMENT# L05000103139

Current Principal Place of Business: 1075 BROKEN SOUND PARKWAY NW, SUITE100

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

1075 BROKEN SOUND PARKWAY NW,

1075 BROKEN SOUND PARKWAY NW SUITE 100 BOCA RATON FL 33487 US

Authorized Person(s) Detail :

MGRM

SUITE 100

SLAVIC, JOHN J

BOCA RATON FL 33487

Title

Name

Address

City-State-Zip:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 1075 N.W. BROKEN SOUND PARKWAY, LLC

FILED Feb 13, 2024 Secretary of State 4395499907CC

Certificate of Status Desired: No

02/13/2024 Date

Date