

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120412

Entity Name: HOLLIDAY GROUP, LLC**Current Principal Place of Business:**1100 S TAMIAMI TRL, STE 302
SARASOTA, FL 34236**Current Mailing Address:**1100 S TAMIAMI TRL, STE 302
SARASOTA, FL 34236 US**FEI Number:** 26-1514926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLIDAY GROUP
1100 S TAMIAMI TRL, STE 302
SARASOTA, FL 34236 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:** CRAIG HOLLIDAY

02/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------------|
| Title | PRESIDENT/AUTHORIZED MEMBER |
| Name | HOLLIDAY, D. CRAIG |
| Address | 1100 S TAMIAMI TRL, STE 302 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|-----------------|-----------------------------|
| Title | SECRETARY |
| Name | HOLLIDAY, LISA |
| Address | 1100 S TAMIAMI TRL, STE 302 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|-----------------|-----------------------------|
| Title | AUTHORIZED MEMBER |
| Name | POVICH, KEITH |
| Address | 1100 S TAMIAMI TRL, STE 302 |
| City-State-Zip: | SARASOTA FL 34236 |

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.

SIGNATURE: D. CRAIG HOLLIDAY

PRESIDENT

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date