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.

SIGNATI	IRF·K	ARINA	DFI	V L	AFFFRTY	

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

25417 HUTCHESON LN. SORRENTO, FL 32776

Current Mailing Address:

25417 HUTCHESON LN SORRENTO, FL 32776 US

DOCUMENT# L1300000909

FEI Number: 46-1659172

Name and Address of Current Registered Agent:

LAFFERTY, KARINA D 25417 HUTCHESON LN. SORRENTO, FL 32776 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:	KARINA LAFFERTY				
	Electronic Signature of Registered Agent				
Authorized Pe	erson(s) Detail :				
Title	MGRM	Title	MANAGER		
Name I	LAFFERTY, KARINA D	Name	LAFFERTY, KEITH ANDREW		
Address 2	25417 HUTCHESON LN.	Address	25417 HUTCHESON LN.		
City-State-Zip:	SORRENTO FL 32776	City-State-Zip:	SORRENTO FL 32776		

SIGNATUR LAFFERI

04/07/2021 Date

FILED Apr 07, 2021 Secretary of State 6873816115CC

Certificate of Status Desired: No

MGRM