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' BRYAN K WISEMAN	AMBR	06/29/2020			

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000010653

Entity Name: PONY ESPRESSO AT PONY EXPRESS LLC

## **Current Principal Place of Business:**

1580 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317

## **Current Mailing Address:**

C/O MICHELLE MAYS CPA LLC P.O. BOX 158 LLOYD, FL 32337 US

## FEI Number: 47-3052184

## Name and Address of Current Registered Agent:

MICHELLE MAYS CPA LLC 195 TAYLOR ROAD MONTICELLO, FL 32344 US Certificate of Status Desired: No

The above

SIGNATURE	: MICHELLE MAYS				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	WISEMAN, BRYAN K	Name	WISEMAN, SHARON LYN		
Address	4101 KIMBERLY CIRCLE	Address	4101 KIMBERLY CIRCLE		
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309		

CELLO, F	FL 32344 US			
ve named	entity submits this statement for the purpose of ch	nanging its registered office or re	gistered agent, or both, in the State of	Florida.
TURE	: MICHELLE MAYS			06/29/2020
	Electronic Signature of Registered Agent			Date
rized F	Person(s) Detail :			
	AMBR	Title	AMBR	
	WISEMAN, BRYAN K	Name	WISEMAN, SHARON LYN	
5	4101 KIMBERLY CIRCLE	Address	4101 KIMBERLY CIRCLE	

FILED Jun 29, 2020 Secretary of State 7636532732CC

Date