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. 04/07/2021

SIGNATURE: MICHAEL BRAVE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 8950 PARK BLVD #203, LLC **Current Principal Place of Business:**

1517 GRAY STREET SOUTH GULFPORT, FL 33707

Current Mailing Address:

1517 GRAY STREET SOUTH GULFPORT. FL 33707 US

DOCUMENT# L15000075384

FEI Number: 47-3927024

Name and Address of Current Registered Agent:

BRAVE, MICHAEL 1517 GRAY STREET SOUTH GULFPORT, FL 33707 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

Auth	norized	Person	(s) De	tail :

Title	AMBR	Title	MGR
Name	BRAVE, MICHAEL	Name	BRAVE, MICHAEL
Address	1517 GRAY STREET SOUTH	Address	1517 GRAY STREET SOUTH
City-State-Zip:	GULFPORT FL 33707	City-State-Zip:	GULFPORT FL 33707

FILED Apr 07, 2021 Secretary of State 0165684930CC

Date

Certificate of Status Desired: No

Date

AMBR - MGR

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT