2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2022
Secretary of State
7594908708CC

DOCUMENT# L15000108521

Entity Name: ROSS DYNASTY L.L.C.

Current Principal Place of Business:

462 E. COWBOY WAY
UNIT #1
LABELLE, FL 33935

Current Mailing Address:

PO BOX 621
LABELLE, FL 33935 US

FEI Number: 47-4175301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, KIMBERLY R
931 VIRGINIA AVE.
CLEWISTON, FL 33440 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 — Date

Authorized Person(s) Detail :

Title	AMBR, SECRETARY
Name	BROWN, RASHUNDA
Address	1016 LAGUANA LOOP #104
City-State-Zip:	DAVENPORT FL 33896

Title	COMPTROLLER
Name	ROSS, AUGUST
Address	4008 SAN COURT
City-State-Zip:	LABELLE FL 33935

Title	COO
Name	WILLIS, JACQUNETTIA
Address	4512 SPRINGVIEW CIRCLE OPTIONAL
City-State-Zip:	LABELLE FL 33935

Title	AUTHORIZED MEMBER, MANAGER
Name	WILKINS-HIGGINS, ESOPHIA
Address	4211 E ELLICOTT STREET
City-State-Zip:	TAMPA FL 33610

Title	AMBR, TREASURER
Name	NEALY, REGINA
Address	4306 SW 21ST LANE
City-State-Zip:	GAINESVILLE FL 32607

Title	CEO
Name	ROSS, KIMBERLY
Address	PO BOX 1214
City-State-Zip:	CLEWISTON FL 33440

Title	AUTHORIZED MEMBER
Name	VICKERS, ANGELA
Address	5010 CLAYMORE DRIVE, 203, 203 203
City-State-Zip:	TAMPA FL 33610

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: KIMBERLY R ROSS CEO 01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date