

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000169740

Entity Name: UNSHELTERED, LLC**Current Principal Place of Business:**11933 STORY TIME DR
ORLANDO, FL 32832**Current Mailing Address:**11933 STORY TIME DR
ORLANDO, FL 32832 US**FEI Number:** 83-1236795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLAWAY, JOHN C JR
11933 STORY TIME DR
ORLANDO, FL 32832 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	AUTHORIZED MEMBER
Name	HOLLAWAY, JOHN C JR.
Address	11933 STORY TIME DR
City-State-Zip:	ORLANDO FL 32832

Title	AUTHORIZED MEMBER
Name	KEITEL, PHILIP J JR.
Address	5105 E LOS ANGELES AVE STE 107
City-State-Zip:	SIMI VALLEY CA 93063

Title	AMBR
Name	DICE, BRANTLEY
Address	13148 ALDERLEY DRIVE
City-State-Zip:	ORLANDO FL 32832

Title	AMBR
Name	DICE, JEREMIAH
Address	10455 SPARROW LANDING WAY
City-State-Zip:	ORLANDO FL 32832

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: JOHN HOLLAWAY

AUTHORIZED MEMBER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date