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: KATHLEEN DEMARIA

Electronic Signature of Signing Authorized Person(s) Detail

THE	FARINER
Name	SULLIVAN, KIMBERLY S
Address	905 E HATTON STREET STE. B
City-State-Zip:	PENSACOLA FL 32503

		Electionic dignature of Registered Agent				
Authorized Person(s) Detail :						
	Title	PARTNER	Title	PARTNER		
	Name	WHITE, KATHLYN MONROE ESQ.	Name	DEMARIA, KATHLEEN KIES ESQ.		
	Address	905 E. HATTON STREET STE. B	Address	905 E. HATTON STREET STE. B		
	City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503		
	Title	PARTNER				
	Name	SULLIVAN, KIMBERLY S				
	Address	905 E HATTON STREET				

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

STE. B

Current Mailing Address:

905 E. HATTON STREET

FEI Number: 83-2789208

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000262135

Entity Name: DEMARIA, DE KOZAN & WHITE, PLLC

Current Principal Place of Business:

905 E. HATTON STREET STE. B PENSACOLA, FL 32503

PENSACOLA, FL 32503 US

WHITE, KATHLYN M

SIGNATURE:

905 E. HATTON STREET STE. B PENSACOLA, FL 32503 US

FILED Apr 08, 2025 Secretary of State 5074619189CC

Certificate of Status Desired: No

04/08/2025

Date

PRESIDENT