

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000010876

Entity Name: CENTRAL FLORIDA COPPERHEADS LE/MC LLC

Current Principal Place of Business:

3366 SW 10TH TERRACE
OCALA, FL 34471

Current Mailing Address:

3366 SW 10TH TERRACE
OCALA, FL 34471 US

FEI Number: 83-3149353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONE, RONALD L
3366 SW 10TH TERRQACE
OCALA, FL 34471 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 | MGR | Title | MANAGER |
| Name | MALONE, RONALD | Name | WILLIAMS, RONNIE |
| Address | 3366 SW 10TH TERRACE | Address | 3366 SW 10TH TERRACE |
| City-State-Zip: | OCALA FL 34471 | City-State-Zip: | OCALA FL 34471 |

| | |
|-----------------|-----------------------|
| Title | MANAGER |
| Name | KARKHECK, THOMAS JOHN |
| Address | 3366 SW 10TH TERRACE |
| City-State-Zip: | OCALA FL 34471 |

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: RONALD MALONE

MANAGER

07/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date