	Certificate of Status Desi	r <b>ed:</b> No
ed office or regist	ered agent, or both, in the State of Flor	ida.
ed office or regist	ered agent, or both, in the State of Flor	<sup>ida.</sup> 03/28/2023
ed office or regist	ered agent, or both, in the State of Flor	
ed office or regist	ered agent, or both, in the State of Flor	03/28/2023
ed office or regist	ered agent, or both, in the State of Flor	03/28/2023
		03/28/2023
Fitle	MGR	03/28/2023
		Certificate of Status Desir

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: EDWARD P. GRACE, IV

MGR

03/28/2023

FILED Mar 28, 2023

**Secretary of State** 

1463741648CC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000248116

Entity Name: NDTS HOLDINGS LLC

## **Current Principal Place of Business:**

## /EST ACH F L 3340′ ιy .ւի

Electronic Signature of Signing Authorized Person(s) Detail

Date