

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000065097

**Entity Name:** CLASH USA, LLC**Current Principal Place of Business:**1 DAYTONA BLVD., STE. 220  
DAYTONA BEACH, FL 32114**Current Mailing Address:**1 DAYTONA BLVD., STE. 220  
DAYTONA BEACH, FL 32114 US**FEI Number:** 84-4993863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEATHERFORD, WILLIAM P  
1150 LOUISIANA AVE., STE. 4  
WINTER PARK, FL 32789 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
Name	CHRISTY, WILLIAM J
Address	1 DAYTONA BLVD., STE. 220
City-State-Zip:	DAYTONA BEACH FL 32114

Title	MGR
Name	ODOM, BENJAMIN A
Address	1 DAYTONA BLVD., STE. 220
City-State-Zip:	DAYTONA BEACH FL 32114

Title	MANAGER
Name	MELANSON, STACEY
Address	1 DAYTONA BLVD., STE. 220
City-State-Zip:	DAYTONA BEACH FL 32114

*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:** WILLIAM J. CHRISTY

MANAGER

02/17/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date