**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 07, 2022**
**Secretary of State**
**1039823301CC**

DOCUMENT# L20000285548

**Entity Name:** OUTDOOR LIVING ALLIANCE, LLC

**Current Principal Place of Business:**

10428 W. STATE ROAD 84
SUITE #6
DAVIE, FL 33324

**Current Mailing Address:**

10428 W. STATE ROAD 84
SUITE #6
DAVIE, FL 33324 US

**FEI Number: 85-4373947**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAY, CALVIN
10428 W. STATE ROAD 84
SUITE #6
DAVIE, FL 33324 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 | GRAY, CALVIN W |
| Address | 10428 W. STATE ROAD 84<br>SUITE #6 |
| City-State-Zip: | DAVIE FL 33324 |

| | |
|---|---|
| Title | MGR |
| Name | DESJARDINS, DALE JR |
| Address | 10428 W. STATE ROAD 84<br>SUITE #6 |
| City-State-Zip: | DAVIE FL 33324 |

| | |
|---|---|
| Title | MGR |
| Name | VILLAMIL, AL |
| Address | 1501 ROBIE AVE. |
| City-State-Zip: | MT. DORA FL 32757 |

| | |
|---|---|
| Title | MGR |
| Name | WOHLFORD, JOHN |
| Address | 317 FARMINGTON DR. |
| City-State-Zip: | PLANTATION FL 33317 |

*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: CALVIN WAYNE GRAY MANAGER 03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date