

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000324183

Entity Name: RADIANT RETREATS LLC**Current Principal Place of Business:**9530 TRIVOLO PLACE
BOCA RATON, FL 33434**Current Mailing Address:**9530 TRIVOLO PLACE
BOCA RATON, FL 33434**FEI Number:** 85-3574096**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FINK, JOSEPH S
9530 TRIVOLO PLACE
BOCA RATON, FL 33434 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	CIO
Name	FINK, JOSEPH S US
Address	9530 TRIVOLO PLACE
City-State-Zip:	BOCA RATON FL 33434

Title	CFO
Name	FALCONE, CHRISTOPHER D
Address	4608 220TH STREET SOUTHWEST
City-State-Zip:	MOUNTLAKE TERRACE WA 98043

Title	CEO
Name	FINK, KRISTINA N
Address	9530 TRIVOLO PLACE
City-State-Zip:	BOCA RATON FL 33434

Title	COO
Name	LEGATE-FALCONE, APRIL
Address	4608 220TH STREET SOUTHWEST
City-State-Zip:	MOUNTLAKE TERRACE WA 98043

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: KRISTINA FINK

CEO

03/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date