Electronic Signature of Signing Authorized Person(s) Detail

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: DANIEL SOBREMONTE

Address PO BOX 1383 City-State-Zip: WINDERMERE FL 34786

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:	RE: WESLEY DOLAN						
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	AMBR	Title	MANAGER				
Name	NORTH POLE HOLDINGS, LLC	Name	MCGILL, STACEY L				

3901 NW 79TH AVE, STE 245 #2769

Current Mailing Address:

PO BOX 1383 WINDERMERE, FL 34786 US

FEI Number: 86-1446935

Address

Name and Address of Current Registered Agent:

16192 COASTAL HWY

REPUBLIC REGISTERED AGENT LLC 1150 NW 72ND AVE TOWER I STE 455 MIAMI, FL 33126 US

City-State-Zip: LEWES DE 19958

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000010145

Entity Name: ST NICKS ELVES LLC

Current Principal Place of Business:

MIAMI, FL 33166

AUTHORIZED REPRESENTATIVE 10/27/2023

FILED Oct 27, 2023 Secretary of State 5634685358CC

Certificate of Status Desired: No

Date