

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000043512

Entity Name: POLYMATH: FRANCE LLC**Current Principal Place of Business:**2305 EDGEWATER DRIVE
1305
ORLANDO, FL 32804**Current Mailing Address:**5764 NORTH ORANGE BLOSSOM TRAIL
PMB 60342
ORLANDO, FL 32810 US**FEI Number:** 86-1998371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, CHARLES C
2305 EDGEWATER DRIVE
UNIT 1305
ORLANDO, FL 32804 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 | SMITH, CHARLES C |
| Address | 5764 NORTH ORANGE BLOSSOM TRAIL PMB 60342 |
| City-State-Zip: | ORLANDO FL 32810 |

| | |
|-----------------|--|
| Title | AMBR |
| Name | SMITH, CHARLES J |
| Address | 5764 NORTH ORANGE BLOSSOM TRAIL PMB 60342 |
| City-State-Zip: | ORLANDO FL 32810 |

| | |
|-----------------|--|
| Title | AMBR |
| Name | SMITH, CHARLES W |
| Address | 5764 NORTH ORANGE BLOSSOM TRAIL PMB 60342 UNIT 1305 |
| City-State-Zip: | ORLANDO FL 32810 |

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: CHARLES C SMITH**MANAGER****01/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date