

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000132930

Entity Name: SALLMAE NICHOLE A'FAIRS W PZAZZ LLC

Current Principal Place of Business:

14413 ALISTAR MANOR DR
WIMAUMA, FL 33598

Current Mailing Address:

14413 ALISTAR MANOR DR
WIMAUMA, FL 33598 UN

FEI Number: 46-5630483

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERRIS, SALLMAE N
14413 ALISTAR MANOR DR
WIMAUMA, FL 33598 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: SALLMAE N. FERRIS

08/27/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LITTLE, ANYIA N
Address 14413 ALISTAR MANOR DR
City-State-Zip: WIMAUMA FL 33598

Title AMBR
Name FERRIS, ABRIA E
Address 14413 ALISTAR MANOR DR
City-State-Zip: WIMAUMA FL 33598

Title AMBR
Name FERRIS, LATRELL D
Address 14413 ALISTAR MANOR DR
City-State-Zip: WIMAUMA FL 33598

Title AMBR
Name FERRIS, ARYIE A C
Address 14413 ALISTAR MANOR DR
City-State-Zip: WIMAUMA FL 33598

Title AMBR
Name FERRIS, FRANKIE A JR.
Address 14413 ALISTAR MANOR DR
City-State-Zip: WIMAUMA FL 33598

Title AMBR
Name FERRIS, FRANKIE A
Address 14413 ALISTAR MANOR DR
City-State-Zip: WIMAUMA FL 33598

Title AUTHORIZED MEMBER
Name FERRIS, NOAH JAXON
Address 14413 ALISTAR MANOR DR.
City-State-Zip: WIMAUMA FL 33598

Title COO
Name FERRIS, SALLMAE N
Address 14413 ALISTAR MANOR DR.
City-State-Zip: WIMAUMA FL 33598

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: SALLMAE N. FERRIS

COO

08/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date