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: CLAY WINFIELD MANAGER

Current Mailing Address:

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

LSS-FL HOLDINGS LLC 2400 TAMIAMI TRAIL N SUITE 402 NAPLES, FL 34103 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

Authorized	Person(s) Detail :
/	1 010011(0	<i>, , b</i> otan .

Autionzed Person(s) Detail.				
Title	MGR	Title	MGR	
Name	LSS-FL HOLDINGS, LLC	Name	WINFIELD, CLAY	
Address	10001 TAMIAMI TRAIL N SUITE 205	Address	10001 TAMIAMI TRAIL N SUITE 205	
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000188545

Entity Name: FAIRMARKET ADVISORY SERVICES LLC

Current Principal Place of Business:

2400 TAMIAMI TRAIL N SUITE 402 NAPLES, FL 34103

2400 TAMIAMI TRAIL N **SUITE 402** NAPLES, FL 34103 US

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 13, 2024 Secretary of State 9031057681CC

Certificate of Status Desired: No

02/13/2024 Date

Date