

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000241534

FILED
May 19, 2022
Secretary of State
5509839319CC

Entity Name: THE ARC COLLECTIVE, LLC

Current Principal Place of Business:

5010 CLAYMORE DRIVE
SUITE 101
TAMPLA, FL 33610

Current Mailing Address:

15209 LOIRE VALLEY ST
LOT 38
CHARLOTTE, NC 28277

FEI Number: 87-1993597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, MARTINGLY
15209 LOIRE VALLEY ST
LOT 38
CHARLOTTE, FL 28277 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 AMBR, DIRECTOR
Name NELSON, MARTINGLY
Address 15209 LOIRE VALLEY ST, LOT 38
LOT 38
City-State-Zip: CHARLOTTE NC 28277

Title AUTHORIZED REPRESENTATIVE
Name JOHNSON, QUINCY
Address 10715 MORGAN CREEK DRIVE
APT #304
City-State-Zip: CHARLOTTE FL 28273

Title OTHER
Name JOHNSON, BRANDON
Address 6515 BIRDSONG LN
City-State-Zip: CHARLOTTE FL 28214

Title SECRETARY, AUTHORIZED REPRESENTATIVE, MANAGER
Name RAY, DANYELLE
Address 8320 UNIVERSITY EXEC PARK DR.
APT #123
City-State-Zip: CHARLOTTE FL 28262

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, ASST. SECRETARY
Name BORELLI, FIONA
Address 11216 BRYTON PARKWAY
APT #13101
City-State-Zip: HUNTERSVILLE FL 28078

Title AUTHORIZED MEMBER, OTHER
Name HOLMES, JAMES
Address 5010 CLAYMORE DRIVE
SUITE 101
City-State-Zip: TAMPA FL 33610

Title AUTHORIZED REPRESENTATIVE, OTHER
Name YOUNG, STACY
Address 5010 CLAYMORE DRIVE
SUITE 101
City-State-Zip: TAMPA FL 33610

Title AUTHORIZED REPRESENTATIVE, OTHER
Name DOUGLAS, AARON
Address 3348 COMMONWEALTH
City-State-Zip: CHARLOTTE NC 28205

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: MARTINGLY NELSON

AMBR

05/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date