

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000241534

Entity Name: THE ARC COLLECTIVE, LLC

Current Principal Place of Business:

5010 CLAYMORE DRIVE
SUITE 101
TAMPLA, FL 33610

FILED
Mar 13, 2023
Secretary of State
2958081762CC

Current Mailing Address:

15209 LOIRE VALLEY ST
LOT 38
CHARLOTTE, NC 28277

FEI Number: 87-1993597

Certificate of Status Desired: Yes

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	Title	AUTHORIZED REPRESENTATIVE
Name	NELSON, MARTINGLY	Name	JOHNSON, QUINCY
Address	15209 LOIRE VALLEY ST, LOT 38 LOT 38	Address	10715 MORGAN CREEK DRIVE APT #304
City-State-Zip:	CHARLOTTE NC 28277	City-State-Zip:	CHARLOTTE NC 28273
Title	AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, ASST. SECRETARY	Title	AUTHORIZED MEMBER, OTHER
Name	BORELLI, FIONA	Name	HOLMES, JAMES
Address	11216 BRYTON PARKWAY APT #13101	Address	1014 N. SALISBURY AVE
City-State-Zip:	HUNTERSVILLE NC 28078	City-State-Zip:	SPENCER NC 28159
Title	AUTHORIZED REPRESENTATIVE, OTHER	Title	MARKETING ASSOCIATE
Name	YOUNG, STACY	Name	HALL, JAZAIDA
Address	6127 PINEBURR RD APT H	Address	3010 BARROW RD APT 412
City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	CHARLOTTE NC 28269

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

DIRECTOR

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date