| FEI Number: APPLIED FOR | | | Certificate of Status Desired: No | |
|--|--|-----------------|-----------------------------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| SCHAFFER, JAMES HAROLD 8965 SW 199 ST MIAMI, FL 33157 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 | E: JAMES HAROLD SCHAFFER | | | 10/11/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | OWNER | Title | MANAGER | |
| Name | SCHAFFER, JAMES HAROLD | Name | PIELAGO, TYLER | |
| Address | 8965 SW 199 ST | Address | 924 SW 65 AVE | |
| City-State-Zip: | MIAMI FL 33157 | City-State-Zip: | MIAMI FL 33144 | |

Current Mailing Address:

8965 SW 199 ST MIAMI, FL 33157 US

FEI Numb

N

| 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: JAMES HAROLD SCHAFFER

OWNER

10/11/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L21000332671

Entity Name: SUREFIRE DEVELOPMENT LLC

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Current Principal Place of Business:

8965 SW 199 ST MIAMI, FL 33157

Oct 11, 2023 **Secretary of State** 8494964049CC

FILED