#### 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.

OWNER

#### SIGNATURE: BEBETO LYVEN BLANCHARD

Electronic Signature of Signing Authorized Person(s) Detail

## **Current Principal Place of Business:**

4861 NEPONSET AVE ORLANDO, FL 32808

### **Current Mailing Address:**

4861 NEPONSET AVE ORLANDO, FL 32808 US

#### FEI Number: 87-3272922

#### Name and Address of Current Registered Agent:

BLANCHARD, BEBETO L 3024 N POWERS DR 220 ORLANDO, FL 32818 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 :

DY
DR
818
C

7810246224CC

#### Certificate of Status Desired: No

05/01/2023 Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED May 01, 2023

# Secretary of State

Date