that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAYLEN SLADE

Electronic Signature of Signing Authorized Person(s) Detail

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

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L21000468306

Entity Name: JAYLEN UNSELD SLADE LLC

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

250 N ORANGE AVE 1030 ORLANDO, FL 32801

### **Current Mailing Address:**

250 N ORANGE AVE 1030 ORLANDO, FL 34787

### FEI Number: 87-3351593

### Name and Address of Current Registered Agent:

CLARKE, SEKOU M 250 N ORANGE AVE 1030 ORLANDO, FL 34787 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 :

TitleARNameSLADE, JAYLENAddress250 N ORANGE AVE STE 1030City-State-Zip:ORLANDO FL 32801

FILED Jan 31, 2022 Secretary of State 3390420391CC

Certificate of Status Desired: No

Date

Date