## 2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M1500000990

#### Entity Name: ACHIEVERS LLC

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

1390 MARKET ST SUITE 200 SAN FRANCISO, CA 94102

## **Current Mailing Address:**

1390 MARKET ST SUITE 200 SAN FRANCISO, CA 94102 US

## FEI Number: 27-1730740

Address

## Name and Address of Current Registered Agent:

6220 STONERIDGE MALL ROAD

City-State-Zip: PLEASANTON CA 94588

CORPORATION SERVICE COMPANY 1201 HAY ST TALLAHASSEE, FL 32301 US

SUITE 100 ON M6K 3L5, CA

TORONTO OC

City-State-Zip:

Certificate of Status Desired: No

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       | STEPHEN WARNER                           |                 |                          | 02/22/2023 |  |  |
|--|-----------------|--|-----------------|--------------------------|------------|--|--|
|  |                 | Electronic Signature of Registered Agent |                 |                          | Date       |  |  |
|  | Authorized I    | Person(s) Detail :                       |                 | MEMPED                   |            |  |  |
|  | Title           | MEMBER                                   | Title           | MEMBER                   |            |  |  |
|  | Name            | CATES, JEFF                              | Name            | WHITE, JASON             |            |  |  |
|  | Address         | 99 ATLANTIC AVE                          | Address         | 6220 STONERIDGE MALL ROA | D          |  |  |
|  | City-State-Zip: | SUITE 700<br>TORONTO ON M6K 3J8          | City-State-Zip: | PLEASANTON CA 94588      |            |  |  |
|  | <b>T</b> '0.    |  | Title           | AUTHORIZED REPRESENTATI  | VE         |  |  |
|  | Title           | MEMBER                                   | Name            | COOMBS, VICTORIA         |            |  |  |
|  | Name            | ROCHE, TALBOT E                          | Address         | 190 LIBERTY STREET       |            |  |  |

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: VICTORIA COOMBS

AUTHORIZED PERSON. 02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 22, 2023 Secretary of State 3299262905CC