### 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: JOHN MCASKILL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

Date

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000406109

Entity Name: NO AMERICAN LEFT BEHIND LLC

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

2014 E ROBINSON ST #A ORLANDO, FL 32803

### **Current Mailing Address:**

2014 E ROBINSON ST #A ORLANDO, FL 32803 US

#### FEI Number: 87-2685666

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

MCASKILL, JOHN 2014 E. ROBINSON ST APT A ORLANDO, FL 32803 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 :

Authorized i erson(s) Detail.			
Title	MGR	Title	MGR
Name	NO AMERICAN LEFT BEHIND	Name	MCASKILL, JOHN
Address	2014 E ROBINSON ST A	Address	2014 E ROBINSON ST A
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

FILED Jan 28, 2023 Secretary of State 8383733916CC

Date

# Certificate of Status Desired: No

01/28/2023