

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000827

**Entity Name:** NEW DAWN RISING, LLC

**Current Principal Place of Business:**

6914 W ALTAMONTE  
ROGERS, AR 72758

**Current Mailing Address:**

6914 W ALTAMONTE  
ROGERS, AR 72758 US

**FEI Number:** 84-2028391

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR, AUTHORIZED MEMBER  
Name BACHMAN, DAWN S  
Address 6914 W ALTAMONTE  
City-State-Zip: ROGERS AR 72758

Title AUTHORIZED MEMBER  
Name BACHMAN, DAWN S  
Address 6914 W ALTAMONTE  
City-State-Zip: ROGERS AR 72758

Title AP  
Name BACHMAN, DAWN S  
Address 6914 W ALTAMONTE  
City-State-Zip: ROGERS AR 72758

Title MGR  
Name BACHMAN, MAX E  
Address 6914 W ALTAMONTE  
City-State-Zip: ROGERS AR 72758

Title AP  
Name BACHMAN, MAX E  
Address 6914 W ALTAMONTE  
City-State-Zip: ROGERS AR 72758

*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:** DAWN BACHMAN

**MANAGER**

**02/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date