

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000601

**Entity Name:** STRATEGIC CROSSING PHASE II, L.L.C.**Current Principal Place of Business:**501 COMMENDENCIA STREET  
PENSACOLA, FL 32502**Current Mailing Address:**21 S TARRAGONA STREET  
SUITE 102  
PENSACOLA, FL 32502**FEI Number:** 59-3695067**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DANIEL, NIXON J  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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	PRES
Name	DANIEL, NIXON J
Address	21 S TARRAGONA STREET, SUITE 102
City-State-Zip:	PENSACOLA FL 32502

Title	VP
Name	LOVELL, WILLIAM A
Address	21 S TARRAGONA STREET, SUITE 102
City-State-Zip:	PENSACOLA FL 32502

Title	DIR
Name	KILLAM, MICHAEL L
Address	21 S TARRAGONA STREET, SUITE 102
City-State-Zip:	PENSACOLA FL 32502

Title	SEC
Name	CARSON, JOSEPH E
Address	21 S TARRAGONA STREET, SUITE 102
City-State-Zip:	PENSACOLA FL 32502

*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:** JOSEPH E CARSON IV**MANAGER****01/13/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date