

2022 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**SECRETARY****01/20/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date