

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000034908

Entity Name: MOTT MACDONALD FLORIDA, LLC

Current Principal Place of Business:

220 WEST GARDEN STREET
SUITE 700
PENSACOLA, FL 32502

Current Mailing Address:

220 WEST GARDEN STREET
SUITE 700
PENSACOLA, FL 32502 US

FEI Number: 59-1294824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ASSISTANT SECRETARY
Name DAVIS, ANDREW R
Address 220 WEST GARDEN STREET
SUITE 700
City-State-Zip: PENSACOLA FL 32502

Title ASSISTANT SECRETARY
Name WILLIAMS, ANTHONY S
Address 220 WEST GARDEN STREET
SUITE 700
City-State-Zip: PENSACOLA FL 32502

Title VP
Name SKIPPER, DAVID
Address 220 WEST GARDEN STREET
SUITE 700
City-State-Zip: PENSACOLA FL 32502

Title MANAGER
Name GALBRAITH, IAN M
Address 220 WEST GARDEN STREET
SUITE 700
City-State-Zip: PENSACOLA FL 32502

Title EVP, TREASURER & ASST
SECRETARY
Name VELASQUEZ, J CRAIG
Address SUITE 275 12647 ALCOSTA
BOULEVARD
City-State-Zip: SAN RAMON CA 94583

Title MANAGER
Name HARRIS, JAMES H. K.
Address 10 FLEET PLACE
City-State-Zip: LONDON GB EC4M 7RB

Title MANAGER, PRESIDENT
Name ISOLA, MICHAEL C
Address 111 WOOD AVENUE SOUTH
City-State-Zip: ISELIN NJ 08830

Title SVP, SECRETARY & GENERAL
COUNSEL
Name KLERER, MICHAEL
Address 111 WOOD AVENUE SOUTH
City-State-Zip: ISELIN NJ 08830

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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: MICHAEL KLERER

SECRETARY

06/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER, VP
Name FRITZ, ROBERT
Address 220 WEST GARDEN STREET
 SUITE 700
City-State-Zip: PENSACOLA FL 32502