

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000034908

Entity Name: MOTT MACDONALD FLORIDA, LLC**Current Principal Place of Business:**220 W GARDEN ST
SUITE 700
PENSACOLA, FL 32502**Current Mailing Address:**220 W GARDEN ST
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	PRESIDENT
Name	RADELOFF, DEAN F
Address	220 W GARDEN ST SUITE 700
City-State-Zip:	PENSACOLA FL 32502

Title	TREASURER, ASST. SECRETARY, EXECUTIVE VICE PRESIDENT
Name	VELASQUEZ, J CRAIG
Address	SUITE 310 2633 CAMINO RAMON
City-State-Zip:	SAN RAMON CA 94583

Title	SECRETARY, SENIOR VICE PRESIDENT
Name	KLERER, MICHAEL
Address	111 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830

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

Title	VP
Name	FRITZ, ROBERT
Address	220 W GARDEN ST SUITE 700
City-State-Zip:	PENSACOLA FL 32502

Title	VP
Name	KNERAM, CHRISTOPHE
Address	220 W GARDEN ST SUITE 700
City-State-Zip:	PENSACOLA FL 32502

Title	ASST. SECRETARY
Name	DAVIS, ANDREW R
Address	111 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830

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****06/17/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date