2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120854

Entity Name: SOUTH ATLANTIC FLORIDA, LLC

Current Principal Place of Business:

1907 SOUTH 17TH STREET, SUITE 2 WILMINGTON, NC 28401

Current Mailing Address:

1907 SOUTH 17TH STREET, SUITE 2 WILMINGTON, NC 28401 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

| Title | MGR | Title | AUTHORIZED REPRESENTATIVE |
|-----------------|---|----------------------------|--|
| Name | WOOLRIDGE, JEREMY D | Name | ISEMAN, JAMES M JR. |
| Address | C/O JAMES M ISEMAN JR 100 N CHERRY ST, STE 600 | Address City-State-Zip: | 116 TWINOAK CT MYRTLE BEACH SC 29572 |
| City-State-Zip: | WINSTON SALEM NC 27101 | | WHITE BEACH SC 23572 |
| Title | MANAGER | Title | MANAGER |
| Title | | Name | MONROE, DAVID W |
| Name | JONATHAN, PARSONS D | Address City-State-Zip: | 1907 S 17TH STREET, SUITE 2 WILMINGTON NC 28401 |
| Address | C/O JAMES M ISEMAN JR 100 N CHERRY ST, STE 600 | | |
| City-State-Zip: | WINSTON SALEM NC 27101 | | |
| Title | MANAGER | | |
| Name | TERRY, VIOLET M | | |
| Address | 1907 S 17TH STREET, SUITE 2 | | |
| City-State-Zip: | WILMINGTON NC 28401 | | |

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: JAMES M ISEMAN JR

AUTHORIZED REPRESENTATIVE 01/15/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date