

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003966

Entity Name: N223EA, LLC**Current Principal Place of Business:**2910 KERRY FOREST PARKWAY
#D4-9
TALLAHASSEE, FL 32309**Current Mailing Address:**2910 KERRY FOREST PARKWAY
#D4-9
TALLAHASSEE, FL 32309 US**FEI Number:** 26-0133729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARRAWAY, F. WILSON III
2910 KERRY FOREST PARKWAY
#D4-9
TALLAHASSEE, FL 32309 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	MGRM
Name	CARRAWAY, F. WILSON III
Address	2910 KERRY FOREST PARKWAY #D4-9
City-State-Zip:	TALLAHASSEE FL 32309

Title	MGRM
Name	BEECHWOOD WINGS, LLC
Address	13605 MOCCASIN GAP ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	MGRM
Name	SOUTHWEST GEORGIA OIL CO. INC.
Address	P.O. BOX 1510
City-State-Zip:	BANBRIDGE GA 39818

Title	MGRM
Name	SMITH, RANKIN M
Address	5984 US 19 S
City-State-Zip:	THOMASVILLE GA 31757

Title	MGRM
Name	WINDSTORM INVESTMENTS, LLC
Address	P.O. BOX 2422
City-State-Zip:	TALLAHASSEE FL 32316

Title	SIMPSON NURSERIES
Name	BESHEARS, FRED
Address	3320 THOMASVILLE ROAD
City-State-Zip:	TALLAHASSEE FL 32308

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: F. WILSON CARRAWAY, III**MANAGING MEMBER****02/10/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date