

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078103

Entity Name: FERDINAND PROPERTIES, LLC**Current Principal Place of Business:**307 SOUTH PALAFOX STREET
PENSACOLA, FL 32502**Current Mailing Address:**POST OFFICE DRAWER 13430
PENSACOLA, FL 32591**FEI Number:** 26-0580816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, JAMES M
307 SOUTH PALAFOX 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 MANAGING MEMBER
Name WILSON, JAMES M
Address 307 SOUTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title MANAGING MEMBER
Name HARRELL, C. MINER
Address 307 SOUTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title MANAGING MEMBER
Name FARRINGTON, WILLIAM E II
Address 307 SOUTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title MANAGING MEMBER
Name FORD, J. STEVEN
Address 307 SOUTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title MANAGING MEMBER
Name SPAIN, ADRIANNA M
Address 307 SOUTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title MANAGING MEMBER
Name PARSONS, ELIZABETH A
Address 307 SOUTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title MANAGING MEMBER
Name WILSON, JOSEPH A
Address 307 SOUTH PALAFOX STREET
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: WILLIAM FARRINGTON**MANAGING MEMBER****02/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date