

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108013

Entity Name: AMERICAN SOCK, LLC**Current Principal Place of Business:**3225 ANNISTON ROAD
JACKSONVILLE, FL 32216**Current Mailing Address:**3225 ANNISTON ROAD
JACKSONVILLE, FL 32216**FEI Number:** 26-1346353**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLOCKER, T. WILLIAM
200 WEST FORSYTH STREET
SUITE 1610
JACKSONVILLE, FL 32202 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 | CHAIRMAN, DIRECTOR | Title | PRESIDENT, TREASURER |
| Name | JOHNS, A.J. | Name | KIRKLAND, JOHN |
| Address | 12608 MANDARIN ROAD | Address | 3225 ANNISTON ROAD |
| City-State-Zip: | JACKSONVILLE FL 32223 | City-State-Zip: | JACKSONVILLE FL 32246 |
| | | | |
| Title | VP, SECRETARY | | |
| Name | LAUGHLIN, CHARLES B. | | |
| Address | 884 CREIGHTON RD | | |
| City-State-Zip: | FLEMING ISLAND FL 32003 | | |

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: CHARLES LAUGHLIN

VP, SECRETARY

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date