## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026744

Entity Name: FORT KING GP, LLC

**Current Principal Place of Business:** 

242 INVERNESS CENTER DRIVE BIRMINGHAM. AL 35242

**Current Mailing Address:** 

242 INVERNESS CENTER DRIVE BIRMINGHAM, AL 35242 US

FEI Number: 27-2561793 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWITZ, STEPHEN 3521 N 53RD AVE HOLLYWOOD, FL 33021 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

FILED Apr 08, 2025

**Secretary of State** 

5165584857CC

Authorized Person(s) Detail:

Title MGRM

Name MOORE, JOHN Name EHRENSTEIN, GABRIEL

Address 242 INVERNESS CENTER DRIVE Address 242 INVERNESS CENTER DRIVE

Title

**MGRM** 

City-State-Zip: BIRMINGHAM AL 35242 City-State-Zip: BIRMINGHAM AL 35242

Title MGRM Title MGRM

Name SUMRALL, DAVID Name JOHNSTON, SAMUEL T

Address 242 INVERNESS CENTER DRIVE Address 242 INVERNESS CENTER DRIVE

City-State-Zip: BIRMINGHAM AL 35242 City-State-Zip: BIRMINGHAM AL 35242

Title MGRM

Name LOWITZ, STEPHEN Address 3521 N 53RD AVE

City-State-Zip: HOLLYWOOD FL 33021

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: STEPHEN LOWITZ

AUTHORIZED REPRESENTATIVE 04/08/2025