

2022 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**Authorized Person(s) Detail :**

Title MGRM
Name MOORE, JOHN
Address 242 INVERNESS CENTER DRIVE
City-State-Zip: BIRMINGHAM AL 35242

Title MGRM
Name EHRENSTEIN, GABRIEL
Address 242 INVERNESS CENTER DRIVE
City-State-Zip: BIRMINGHAM AL 35242

Title MGRM
Name SUMRALL, DAVID
Address 242 INVERNESS CENTER DRIVE
City-State-Zip: BIRMINGHAM AL 35242

Title MGRM
Name JOHNSTON, SAMUEL T
Address 242 INVERNESS CENTER DRIVE
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**MEMBER****03/08/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date