

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000099521

Entity Name: MENDER LLC**Current Principal Place of Business:**11476 PINE STREET
JACKSONVILLE, FL 32258**Current Mailing Address:**11476 PINE STREET
JACKSONVILLE, FL 32258**FEI Number:** 46-0736403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUDLEY, DANIEL P
11476 PINE STREET
JACKSONVILLE, FL 32258 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 MGR
Name DUDLEY, DANIEL P
Address 11476 PINE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM
Name DUDLEY, LINDA B
Address 11476 PINE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM
Name DUDLEY, JUSTIN R
Address 2891 EVERHOLLY LANE
City-State-Zip: JACKSONVILLE FL 32223

Title MGRM
Name KING, DANETTE A
Address 75 BROOMSEDGE CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32095

Title MGRM
Name CLARK, LEANNE
Address 4149 DOWLING ROAD
City-State-Zip: MIDDLEBURG FL 32068

Title MGRM
Name TESTER, DEBRA
Address 4532 BLUEBERRY WOODS CIRCLE N
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM
Name NORRIS, MEGAN
Address 5948 ENCLAVE DRIVE SE
City-State-Zip: MABLETON GA 30126

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: LINDA DUDLEY

MGRM

07/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date