# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000050725

Entity Name: 121 NORTH, LLC

### Current Principal Place of Business:

1844 ATLANTIC BLVD. JACKSONVILLE, FL 32207

# **Current Mailing Address:**

1844 ATLANTIC BLVD. JACKSONVILLE, FL 32207 US

# FEI Number: 46-5223008

### Name and Address of Current Registered Agent:

DYAL, HOWARD M 1844 ATLANTIC BLVD. JACKSONVILLE, FL 32207 US FILED Apr 26, 2023 Secretary of State 2554497757CC

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

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Title	MGR	Title	MGR	
Name	DYAL, HOWARD M	Name	PITMAN, DONALD D	
Address	1844 ATLANTIC BLVD.	Address	1844 ATLANTIC BLVD.	
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207	
Title	AMBR	Title	AMBR	
Name	DYALAND, LLC	Name	CHRISTINE A. ANTHONY, AS TRUSTEE OF THE VICTOR AND	
Address	1844 ATLANTIC BLVD.		CHRISTINE ANTHONY 2021 TRUST	
City-State-Zip:	JACKSONVILLE FL 32207	Address	134 SHADOW LAKE DR	
Title	AMBR	City-State-Zip:	WAUPACA WI 54981	
Name	DONALD D. PITMAN, TRUSTEE OF	Title	AMBR	
Namo	DONALD D. PITMAN REVOCABLE LIVING TRUST	Name	MATTHEW E. PITMAN AND MELONEY L. PITMAN, TENANT BY ENTIRETY	
Address	4923 RIVER POINT RD	Address	4923 RIVER POINT RD	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32207	
Title	AMBR	Title	AMBR	
Name	KEVIN DRISCOLL AND CATHERINE DRISCOLL, JWROS	Name	PETUNIA LLC	
Address	8175 SUMMIT RIDGE LANE	Address	PO BOX 1190	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	CAPARRA HEIGHTS STATION	

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: HOWARD DYAL

MANAGER

04/26/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date