

**2021 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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DYAL, HOWARD M  
1844 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207 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 DYAL, HOWARD M  
Address 1844 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name PITMAN, DONALD D  
Address 1844 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR  
Name DYALAND, LLC  
Address 1844 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR  
Name ANTHONY, VICTOR W  
Address 134 SHADOW LAKE DR  
City-State-Zip: WAUPACA WI 54981

Title AMBR  
Name DONALD D. PITMAN, TRUSTEE OF DONALD D. PITMAN REVOCABLE LIVING TRUST  
Address 4923 RIVER POINT RD  
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR  
Name MATTHEW E. PITMAN AND MELONEY L. PITMAN, TENANT BY ENTIRETY  
Address 1434 SUN MARSH DR  
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR  
Name KEVIN DRISCOLL AND CATHERINE DRISCOLL, TENANTS BY THE ENTIRETY  
Address 8175 SUMMIT RIDGE LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name PETUNIA LLC  
Address PO BOX 1190  
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 M DYAL

MGR

01/15/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date