

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000102144

Entity Name: FLORIDA NETWORK PROPERTY MANAGEMENT, LLC**Current Principal Place of Business:**4190 BELFORT ROAD
SUITE 475
JACKSONVILLE, FL 32216**Current Mailing Address:**6800 FRANCE AVE. S., STE 610
EDINA, MN 55435 US**FEI Number:** 47-1254702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	KING, ANN C
Address	4190 BELFORT ROAD, SUITE 475
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	BROWNE, MICHAEL T.
Address	6800 FRANCE AVE. S., STE 610
City-State-Zip:	EDINA MN 55435

Title	CFO
Name	CARDINALE, CHRISTOPHER F
Address	4190 BELFORT ROAD, SUITE 475
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	HALE, JONATHAN D
Address	666 GRAND AVENUE, STE 500
City-State-Zip:	DES MOINES IA 50309

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: MICHAEL T. BROWNE**SECRETARY****04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date