

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000120651

Entity Name: 6115 ARLINGTON EXPRESSWAY, LLC**Current Principal Place of Business:**6115 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**Current Mailing Address:**6115 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US**FEI Number:** 81-1388690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCMENAMY, WILLIAM B
245 RIVERSIDE AVENUE
SUITE 450
JACKSONVILLE, FL 32202 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:** WILLIAM B. MCMENAMY

01/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name STONER, LYNN W TRUSTEE
Address 13770 PLEASANT VALLEY DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR
Name CHANCELLOR-STONER, CONNIE TRUSTEE
Address 13770 PLEASANT VALLEY DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR
Name CHANCELLOR-STONER, CONNIE
Address 13770 PLEASANT VALLEY DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER
Name CHANCELLOR-STONER, CONNIE
Address 6115 ARLINGTON EXPRESSWAY
City-State-Zip: JACKSONVILLE FL 32211

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: CONNIE CHANCELLOR-STONER**SECRETARY/TREASURER** 01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date