| FEI Number: 47-1820981 | | | Certificate of Status Desired: No | |
|--|--|-----------------|-----------------------------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| MORGAN, JAMES E JR 8040 PINE LAKE RD JACKSONVILLE, FL 32256 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 | E: JAMES E MORGAN JR | | | 04/03/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | NEWELL, KEITH | Name | NEWELL, KEITH | |
| Address | 1700 STOWERS RD. | Address | 1700 STOWERS RD. | |
| City-State-Zip: | MATHEWS AL 36052-4743 | City-State-Zip: | MATHEWS AL 36052-4743 | |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000141634

Entity Name: DKN-EWN, LLC

Current Principal Place of Business:

8040 PINE LAKE RD JACKSONVILLE, FL 32256

Current Mailing Address:

8040 PINE LAKE RD JACKSONVILLE, FL 32256 US

F

I

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: KEITH NEWELL

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 03, 2024 Secretary of State 0581813518CC

Date