

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000037321

Entity Name: 4009 THOMAS DRIVE LLC**Current Principal Place of Business:**4009 THOMAS DRIVE
PANAMA CITY, FL 32408**Current Mailing Address:**4471 LEGENDARY DRIVE
DESTIN, FL 32541 US**FEI Number:** 32-0466021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARD, LORI ELLEN ESQ.
4471 LEGENDARY DRIVE
DESTIN, FL 32541 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:** LORI ELLEN WARD

04/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BOS, PETER H JR.
Address 4471 LEGENDARY DRIVE
City-State-Zip: DESTIN FL 32541

Title PRESIDENT, COO
Name KNOWLES, PETE
Address 4471 LEGENDARY DRIVE
City-State-Zip: DESTIN FL 32541

Title CFO, TREASURER
Name BLOCKER, TRACIE
Address 4471 LEGENDARY DRIVE
City-State-Zip: DESTIN FL 32541

Title CHIEF LEGAL OFFICER
Name LEGLER, MITCHELL W
Address 4471 LEGENDARY DRIVE
City-State-Zip: DESTIN FL 32541

Title SECRETARY, ASSOCIATE GENERAL
COUNSEL
Name WARD, LORI ELLEN
Address 4471 LEGENDARY DRIVE
City-State-Zip: DESTIN FL 32541

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: LORI ELLEN WARD

SECRETARY

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date