

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000045339

**Entity Name:** MERCHANT DRIVE PROPERTIES, LLC

**Current Principal Place of Business:**

2304 SILVERDALE DR  
SUITE 200  
JOHNSON CITY, TN 37601

**Current Mailing Address:**

2304 SILVERDALE DR  
SUITE 200  
JOHNSON CITY, TN 37601 US

**FEI Number:** 47-3387210

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST #4  
TALLAHASSEE, FL 32301 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           MANAGING MEMBER / PRESIDENT  
Name           COX, PHILIP A.  
Address        2304 SILVERDALE DR  
                  SUITE 200  
City-State-Zip: JOHNSON CITY TN 37601

Title           MANAGING MEMBER  
Name           FLEENOR, TRACY  
Address        2304 SILVERDALE DR  
                  SUITE 200  
City-State-Zip: JOHNSON CITY TN 37601

Title           MANAGING MEMBER  
Name           CCRC ORLANDO VP, LLC  
Address        5613 DTC PARKWAY, SUITE 830  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           MANAGING MEMBER  
Name           CHRISTIAN, MICHAEL  
Address        110 BELMEADE CIRCLE  
City-State-Zip: JOHNSON CITY TN 37601

Title           MANAGING MEMBER  
Name           SIMS, SARAH  
Address        2304 SILVERDALE DR  
                  SUITE 200  
City-State-Zip: JOHNSON CITY TN 37601

*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:** PHILIP A. COX

**MANAGING MEMBER /  
PRESIDENT**

**04/16/2024**

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

\_\_\_\_\_ Date