

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000161259

**Entity Name:** NEWBANKS, LLC

**Current Principal Place of Business:**

3050 SHALLOWFORD ROAD  
STE 200  
CHAMBLEE, GA 30341

**Current Mailing Address:**

PO BOX 29601  
ATLANTA, GA 30359 US

**FEI Number:** 81-2603897

**Certificate of Status Desired:** No

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

HOEPKER, TODD  
55 EAST PINE STREET  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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           MANAGER  
Name           SELF, JAMES W. JR.  
Address        3050 SHALLOWFORD ROAD, SUITE  
                  200  
City-State-Zip: CHAMBLEE GA 30341

Title           MANAGER  
Name           DART, OBADIAH  
Address        614 NASHUA STREET, SUITE 215  
City-State-Zip: MILFORD NH 03055

Title           MGR  
Name           PFEFFER, SCOTT  
Address        114 EDINBURGH S DRIVE  
                  #103  
City-State-Zip: CARY NC 27511

*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:** JAMES W. SELF, JR.

**MANAGER**

**01/24/2022**

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

\_\_\_\_\_  
Date