

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000049575

**Entity Name:** 1100 MARYLAND AVENUE LLC

**Current Principal Place of Business:**

1401 BUENA VISTA BLVD  
PANAMA CITY, FL 32401

**Current Mailing Address:**

1401 BUENA VISTA BLVD  
PANAMA CITY, FL 32401 US

**FEI Number:** 82-1124647

**Certificate of Status Desired:** No

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

WITHAM, GARY P SR.  
408 W. BALDWIN RD  
SUITE A  
PANAMA CITY, FL 32405 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            AMBR  
Name            WITHAM, GARY P SR  
Address        1401 BUENA VISTA BLVD  
City-State-Zip: PANAMA CITY FL 32401

Title            MBR  
Name            HOLSOMBAKE, JAMES E  
Address        1401 BUENA VISTA BLVD  
City-State-Zip: PANAMA CITY FL 32401

Title            MBR  
Name            HESS, ALEXANDER  
Address        1401 BUENA VISTA BLVD  
City-State-Zip: PANAMA CITY FL 32401

Title            MBR  
Name            MULLINS, STEVEN A  
Address        1401 BUENA VISTA BLVD  
City-State-Zip: PANAMA CITY FL 32401

*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:** GARY P WITHAM SR.

AMBR

03/08/2024

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

\_\_\_\_\_  
Date