

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000215179

**Entity Name:** 13 ROSCOE ROAD, LLC**Current Principal Place of Business:**415 PABLO AVENUE  
SUITE 200  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**415 PABLO AVENUE  
SUITE 200  
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 82-1777090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIDNEY S. SIMMONS, P.L.  
562 PARK STREET, SUITE 300  
JACKSONVILLE, FL 32204 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:** SIDNEY S. SIMMONS

05/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	FAVER, W. KEITH
Address	415 PABLO AVENUE #200
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	MGR
Name	GRAY, JAMES A
Address	415 PABLO AVENUE #200
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	AMBR
Name	GROSHELL, BENJAMIN
Address	504 1ST AVE S
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	AMBR
Name	GROSHEL, LISA M
Address	504 1ST AVE S
City-State-Zip:	JACKSONVILLE BEACH FL 32250

*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 GRAY

MGR

05/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date