

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000001548

**Entity Name:** THE BROWN'S MEN GROUP LLC**Current Principal Place of Business:**6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 114  
JACKSONVILLE, FL 32244**Current Mailing Address:**6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 114  
JACKSONVILLE, FL 32244 US**FEI Number:** 81-5060466**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, FREDDIE J SR  
6001 ARGYLE FOREST BLVD  
SUITE 21 PMB114  
JACKSONVILLE, FL 32244 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 MGR  
Name STROUGHTER, ACIE R  
Address 6001 ARGYLE FOREST BLVD SUITE  
21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name SMITH, ANTHONY  
Address 6001 ARGYLE FOREST BLVD SUITE  
21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name WALKER, ANTHONY  
Address 6001 ARGYLE FOREST BLVD SUITE  
21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name HUNTER, CLIFFORD L  
Address 6001 ARGYLE FOREST BLVD SUITE  
21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name DAVIS, FREDDIE J SR  
Address 6001 ARGYLE FOREST BLVD SUITE  
21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER  
Name SHANNON L TAYLOR  
Address 6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER  
Name STINEY COGDELL LV  
Address 6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER  
Name JOSEPH R CUMMINGS  
Address 6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 114  
City-State-Zip: JACKSONVILLE FL 32244

*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:** FREDDIE DAVI SR

MGR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date