

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000113144

**Entity Name:** 9401 WAYPOINT, LLC

**Current Principal Place of Business:**

9401 WAYPOINT PLACE  
JACKSONVILLE, FL 33257

**Current Mailing Address:**

9401 WAYPOINT PLACE  
JACKSONVILLE, FL 33257

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ABOOD, MARK P  
9401 WAYPOINT PLACE  
JACKSONVILLE, FL 33257 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 ABOOD, MARK P  
Address 9401 WAYPOINT PLACE  
City-State-Zip: JACKSONVILLE FL 33257

Title MGR  
Name ABOOD, THERESA R  
Address 9401 WAYPOINT PLACE  
City-State-Zip: JACKSONVILLE FL 33257

*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:** THERESA B ABOOD, DMD

MGR

02/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date