

**2022 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	Title	MGR
Name	ABOOD, MARK P	Name	ABOOD, THERESA R
Address	9401 WAYPOINT PLACE	Address	9401 WAYPOINT PLACE
City-State-Zip:	JACKSONVILLE FL 33257	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 ABOOD

MGR

03/08/2022

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

\_\_\_\_\_  
Date