

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000158180

**Entity Name:** 7282 COMMONWEALTH AVENUE, LLC

**Current Principal Place of Business:**

7282 COMMONWEALTH AVE.  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

7282 COMMONWEALTH AVE.  
JACKSONVILLE, FL 32220 US

**FEI Number:** 83-1406351

**Certificate of Status Desired:** No

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

KENT III, FRED H  
1200 RIVERPLACE BLVD SUITE 800  
JACKSONVILLE, FL 32207 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 SHELL, BRIAN  
Address 937 VALE ORCHARD LN  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name FINLEY, JASON  
Address 1855 RIVER RD  
City-State-Zip: JACKSONVILLE FL 32207

Title MBR  
Name STANLEY, MICHAEL  
Address 1400 MAPLES STREET  
City-State-Zip: WESTERN SPRINGS IL 60558

Title MBR  
Name PRESCOTT, WILLIAM R. TRUSTEE  
Address 1032 PONTE VEDRA BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MBR  
Name PRESCOTT, KIMBERLEE A. TRUSTEE  
Address 1032 PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** KIMBERLEE PRESCOTT

**CFO**

**01/15/2024**

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

\_\_\_\_\_  
Date