

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000026084

Entity Name: THE SOUTHERN GROUP OF FLORIDA HOLDINGS, LLC**Current Principal Place of Business:**123 S. ADAMS ST
TALLAHASSEE, FL 32302**Current Mailing Address:**P.O. BOX 10570
TALLAHASSEE, FL 32302 US**FEI Number:** 83-3417624**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE SOUTHERN GROUP OF FLORIDA, INC.
123 S. ADAMS STREET
TALLAHASSEE, FL 32301 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:** PAUL BRADSHAW

09/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BRADSHAW, PAUL
Address P.O. BOX 10570
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGER
Name CONE, RACHEL
Address P.O. BOX 10570
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGER
Name COHEN, KELLY
Address P.O. BOX 10570
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGER
Name DIAZ, NELSON
Address P.O. BOX 10570
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGER
Name HAGAN, DAVID CHRISTOPHER
Address P.O. BOX 10570
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGER
Name MCKEEL, SETH
Address P.O. BOX 10570
City-State-Zip: TALLAHASSEE FL 32302

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: PAUL BRADSHAW

MANAGER

09/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date