

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000118617

**Entity Name:** ARCHWAY LLC

**Current Principal Place of Business:**

7643 GATE PARKWAY JACKSONVILLE,  
SUITE 104  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY JACKSONVILLE,  
SUITE 104  
JACKSONVILLE, FL 32256 US

**FEI Number:** 84-1786728

**Certificate of Status Desired:** Yes

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

REGISTERED AGENT SOLUTIONS INC  
155 OFFICE PLAZA DRIVE  
SUITE A  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name EKEOCHA, NWACHUKWU  
Address 341 FORT EDWARD DR  
City-State-Zip: ARLINGTON TX 76002

*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:** NWACHUKWU EKEOCHA

**OPERATIONS MANAGER** 06/08/2020

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

\_\_\_\_\_  
Date