

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000290824

**Entity Name:** AMERICAN GENERAL PROPERTIES III, LLC

**Current Principal Place of Business:**

1 SLEIMAN PARKWAY SUITE 270  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1 SLEIMAN PARKWAY SUITE 270  
JACKSONVILLE, FL 32216 US

**FEI Number:** 85-3167489

**Certificate of Status Desired:** No

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

WALKER, KEVIN  
1 SLEIMAN PARKWAY SUITE 270  
JACKSONVILLE, FL 32216 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:** KEVIN WALKER

02/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name MCNAUGHTON, MICHAEL H  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE 32216

Title VP  
Name HERZBERG, MICHAEL W  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name SLEIMAN, ANTHONY T  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name SLEIMAN, ELI T JR.  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name SLEIMAN, JOSEPH E.  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

*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:** ANTHONY T. SLEIMAN

MANAGER

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date