

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000413839

Entity Name: 2120 LLC**Current Principal Place of Business:**11250 OLD ST. AUGUSTINE RD.
#15-269
JACKSONVILLE, FL 32257**Current Mailing Address:**11250 OLD ST. AUGUSTINE RD
#15-269
JACKSONVILLE, FL, FL 32203 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEW LEGACY SERVICES, LLC
11250 OLD ST. AUGUSTINE RD.
#15-269
JACKSONVILLE, FL 32257 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:** TIA' JONES REED

04/11/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--|
| Title | MGR |
| Name | CARROLL, TERRA L |
| Address | 11250 OLD ST. AUGUSTINE RD. #15-269 |
| City-State-Zip: | JACKSONVILLE FL 32257 |

| | |
|-----------------|--|
| Title | MGR |
| Name | REED, TIA L |
| Address | 11250 OLD ST. AUGUSTINE RD. #15-269 |
| City-State-Zip: | JACKSONVILLE FL 32257 |

| | |
|-----------------|--|
| Title | MGR |
| Name | JONES, TAKAYA L |
| Address | 11250 OLD ST. AUGUSTINE RD. #15-269 |
| City-State-Zip: | JACKSONVILLE FL 32257 |

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: TIA' L REED

MANAGER

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date