2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL R	<u>EPORT</u>
DOCUMENT# L22000290095	

Entity Name: THE FACILITIES GROUP NATIONAL, LLC

Current Principal Place of Business:

217 N. HOWARD AVENUE, SUITE 200 TAMPA, FL 33606

Current Mailing Address:

217 N. HOWARD AVENUE, SUITE 200 TAMPA, FL 33606 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION , FL 33324 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:	DENISE ANNUNCIATA		01/19/2024
	Electronic Signature of Registered Agent		Date
Authorized P	erson(s) Detail :		
Title I	MGR	Title	MGR
Name .	JOHN COFER	Name	DAVID DYCKMAN
Address	217 N. HOWARD AVENUE, SUITE 200	Address	217 N. HOWARD AVENUE, SUITE 200
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	MGR	Title	MGR
Name .	JOSH KUDER	Name	NIALL MCCOMISKEY
Address	217 N. HOWARD AVENUE, SUITE 200	Address	217 N. HOWARD AVENUE, SUITE 200
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	MGR	Title	MGR
Name I	BRYSON RAVER	Name	MICHAEL WEISS
Address	217 N. HOWARD AVENUE, SUITE 200	Address	217 N. HOWARD AVENUE, SUITE 200
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	MGR	Title	TREASURER
Name	JACK FABRIQUE	Name	GARGAGLIANO, PAUL
Address	217 N. HOWARD AVENUE, SUITE 200	Address	217 N. HOWARD AVENUE, SUITE 200
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

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: BRYSON RAVER

MANAGER

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 19, 2024 Secretary of State 9135894329CC

Certificate of Status Desired: No

Date