

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000320140

Entity Name: NORTH FLORIDA PAVER DOCTORS LLC

Current Principal Place of Business:

7867 LISA DRIVE
JACKSONVILLE, FL 32217

Current Mailing Address:

7867 LISA DRIVE
JACKSONVILLE, FL 32217 US

FEI Number: 88-3359384

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, ALLEN
1300 SHETTER AVENUE
2203
JACKSONVILLE, FL 32250 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 MGRM
Name THOMPSON, ALLEN
Address 1300 SHETTER AVENUE 2203
City-State-Zip: JACKSONVILLE FL 32250

Title MGR
Name COOKE, GARETT
Address 1700 SAN PABLO RD S
APT 520
City-State-Zip: JACKSONVILLE FL 32224

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: ALLEN THOMPSON

PART OWNER

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date