

**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