

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000475480

**Entity Name:** TEAM FLOYD, LLC

**Current Principal Place of Business:**

13985 CANOPY OVERLOOK CT  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

13985 CANOPY OVERLOOK CT  
JACKSONVILLE, FL 32224

**FEI Number:** 92-1012418

**Certificate of Status Desired:** No

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

BLANKENSHIP, KIM  
13985 CANOPY OVERLOOK CT  
JACKSONVILLE, FL 32224 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 MGR  
Name BLANKENSHIP, KIM  
Address 13985 CANOPOY OVERLOOK CT  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR  
Name COGGIN, CINDY  
Address 13985 CANOPY OVERLOOK CT  
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:** KIMBERLY BLANKENSHIP

**MANAGER**

**04/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date