

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100000902

**Entity Name:** AVAILITY, L.L.C.

**Current Principal Place of Business:**

5555 GATE PKWY, #110  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5555 GATE PKWY, #110  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3715944

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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:** KIMBERLY LAUGHREY, ASST. SECT.

05/12/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CORPORATE SECRETARY  
Name ANDERSON, CATHERINE HORA  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name HUNTER, CHRIS  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name DAVITA, CHUCK  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name SKEEN, TIM  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name PERLMAN, EZRA  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name RENAUDIN, GEORGE  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name ISELIN, SARAH  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name MARCHETTI, PAUL  
Address 5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

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*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:** CATHERINE HORA ANDERSON

**CORPORATE  
SECRETARY**

05/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           ADAMS, CHRIS  
Address        5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title           MANAGER  
Name           MCDONALD, CARL  
Address        5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title           MANAGER  
Name           ESSIG, STUART  
Address        5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256

Title           MANAGER  
Name           THOMAS, RUSSELL S.  
Address        5555 GATE PKWY, #110  
City-State-Zip: JACKSONVILLE FL 32256