

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000902

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.

04/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title MANAGER
Name CHENNURU, ASHOK
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 MARCHETTI, PAUL
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 DAVITA, CHUCK
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

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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: HERBST , SCOTT**AUTHORIZED
REPRESENTATIVE**

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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

Title AUTHORIZED REPRESENTATIVE
Name HERBST, SCOTT
Address 5555 GATE PKWY
 #110
City-State-Zip: JACKSONVILLE FL 32256