

**2019 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M0100000902

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

**Current Principal Place of Business:**

5555 GATE PKWY, STE 110  
JACKSONVILLE, FL 32256-3043

**Current Mailing Address:**

5555 GATE PKWY, STE 110  
JACKSONVILLE, FL 32256-3043 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.

10/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER/ CEO  
Name: THOMAS, RUSS  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: CFO  
Name: EASTMAN, NATE  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: CORPORATE SECRETARY  
Name: ANDERSON, CATHERINE HORA  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: MANAGER  
Name: MCDONALD, CARL  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: MANAGER  
Name: HUNTER, CHRIS  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: MANAGER  
Name: DAVITA, CHUCK  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: MANAGER  
Name: SKEEN, TIM  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title: MANAGER  
Name: PERLMAN, EZRA  
Address: 5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

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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 SECRETAR

10/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title           MANAGER  
Name           RENAUDIN, GEORGE  
Address        5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title           MANAGER  
Name           MARCHETTI, PAUL  
Address        5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title           MANAGER  
Name           ESSIG, STUART  
Address        5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title           MANAGER  
Name           ISELIN, SARAH  
Address        5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043

Title           MANAGER  
Name           ADAMS, CHRIS  
Address        5555 GATE PKWY, STE 110  
City-State-Zip: JACKSONVILLE FL 32256-3043