

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000007791

**Entity Name:** FOUNDRY SOUTH FLORIDA GATEWAY, LLC

**Current Principal Place of Business:**

420 S. ORANGE AVE., STE. 400  
ORLANDO, FL 32801

**Current Mailing Address:**

420 S. ORANGE AVE., STE. 400  
ORLANDO, FL 32801

**FEI Number:** 88-2603479

**Certificate of Status Desired:** No

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

PATTERSON, AMY  
420 S. ORANGE AVE., STE. 400  
ORLANDO, FL 32801 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 P  
Name ELAM, PRYSE R  
Address 420 S. ORANGE AVE., STE. 400  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name ELAM, TED  
Address 420 S. ORANGE AVE., STE. 400  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name WELLS, JAMES  
Address 420 S. ORANGE AVE., STE. 400  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name AULD, DAVID  
Address 420 S. ORANGE AVE., STE. 400  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name BALTHROP, JONATHAN  
Address 420 S. ORANGE AVE., STE. 400  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name BLOUNT, DAVID  
Address 420 S. ORANGE AVE., STE. 400  
City-State-Zip: ORLANDO FL 32801

*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:** PRYSE ELAM

**PRESIDENT**

**04/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date