2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000985

Entity Name: FLORIDA NETWORK LLC

Current Principal Place of Business:

4190 BELFORT RD., SUITE 475

JACKSONVILLE, FL 32216

Current Mailing Address:

ATTN: LEGAL DEPARTMENT 333 SOUTH SEVENTH STREET 2700 MINNEAPOLIS. MN 55402 US

FEI Number: 59-3584700 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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:

Electronic Signature of Registered Agent

Date

FILED Apr 13, 2018

Secretary of State

CC5922463974

Authorized Person(s) Detail:

Title **PCFO** Title FVP

Name SHERRER, LINDA H Name HOLLAND BUDNICK, CHRISTY Address 4190 BELFORT RD., SUITE 475 Address 4190 BELFORT RD., SUITE 475 JACKSONVILLE FL 32216 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32216

Title **MANAGER** Title MANAGER

Name CLINE, DONALD L SCALF, CHRISTINE N Name

12834 BIGGIN CHURCH RD S Address 130 LIGE BRANCH LANE Address JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32259 City-State-Zip:

Title MANAGER Title MANAGER

WILLSON, SHERON D Name KING. ANN C Name

Address 3893 ARDEN ST 664 SUN DOWN CIRCLE ST Address

City-State-Zip: JACKSONVILLE FL 32205 ST. AUGUSTINE FL 32082 City-State-Zip:

Title MANAGER MANAGER Title

Name WAUGAMAN, KEVIN M Name BENSON, LINDA B

Address 4235 MARSH LANDING BOULEVARD Address 10481 WELLINGTON SPRINGS WAY

#514

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE FL 32221

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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: MICHAEL T. BROWNE

SECRETARY

04/13/2018

Authorized Person(s) Detail Continued:

Title MANAGER Title MGR

NameLINDENMOYER, LINDA RNameDA SILVA, DEBBIE MAddress357 CHICASAW CTAddress6933 ALMOURS DRIVE

City-State-Zip: JACKSONVILLE FL 32259 City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY Title MANAGER

Name BROWNE, MICHAEL T. Name JOSH, COHEN M

Address 333 SOUTH SEVENTH STREET Address 1047 FRUIT COVE RD

2700 City-State-Zip: JACKSONVILLE FL 32259
City-State-Zip: MINNEAPOLIS MN 55402