2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 11, 2024
Secretary of State
7331437594CC

DOCUMENT# M99000000985

Entity Name: FLORIDA NETWORK LLC

Current Principal Place of Business:

4190 BELFORT RD
SUITE 475, ATTN LEGAL
JACKSONVILLE, FL 32216

Current Mailing Address:

6800 FRANCE AVE S
SUITE 610, ATTN LEGAL
EDINA, MN 55435 US

FEI Number: 59-3584700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VP & BRANCH MANAGER
Name	ATTER, LENORAE
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	VICE PRESIDENT & BRANCH MANAGER
Name	BENSON, LINDA B.
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	STRANDMO, DANA D.
Address	6800 FRANCE AVE S SUITE 610, ATTN LEGAL
City-State-Zip:	EDINA MN 55435

Title	VICE PRESIDENT & BRANCH MANAGER
Name	GLOCHAU, TRACY
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	KING, ANN C.
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	VICE PRESIDENT & BRANCH MANAGER
Name	LINDENMOYER, LINDA R
Address	4190 BELFORT RD., SUITE 475
City-State-Zip:	JACKSONVILLE FL 32216

Title	VICE PRESIDENT & BRANCH MANAGER
Name	COHEN, JOSH M.
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP, FINANCE
Name	SEAVALL, ALEXANDER E.
Address	6800 FRANCE AVE S SUITE 610, ATTN LEGAL
City-State-Zip:	EDINA MN 55435

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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: ANN C. KING PRESIDENT 07/11/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP & BRANCH MANAGER
Name	BELZ, THOMAS
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP & BRANCH MANAGER
Name	FELDER, ROXANE
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP & BRANCH MANAGER
Name	SPALDING, ERIN
Address	4190 BELFORT RD SUITE 475, ATTN LEGAL
City-State-Zip:	JACKSONVILLE FL 32216