2015 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 30, 2015
Secretary of State
CC8469478857

DOCUMENT# M99000000985

Entity Name: FLORIDA NETWORK LLC

Current Principal Place of Business:

4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216

Current Mailing Address:

4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216 US

FEI Number: 59-3584700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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	PCEO
Name	SHERRER, LINDA H
Address	4190 BELFORT RD., SUITE 475
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	SCALF, CHRISTINE N
Address	130 LIGE BRANCH LANE
City-State-Zip:	JACKSONVILLE FL 32259

Title	MANAGER
Name	KING, ANN C
Address	664 SUN DOWN CIRCLE ST
City-State-Zip:	ST. AUGUSTINE FL 32082

Title	MANAGER
Name	BENSON, LINDA B
Address	10481 WELLINGTON SPRINGS WAY
City-State-Zip:	JACKSONVILLE FL 32221

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

Title	MANAGER
Name	CLINE, DONALD L
Address	12834 BIGGIN CHURCH RD S
City-State-Zip:	JACKSONVILLE FL 32224

Title	MANAGER
Name	WILLSON, SHERON D
Address	3893 ARDEN ST
City-State-Zip:	JACKSONVILLE FL 32205

Title	MANAGER
Name	WAUGAMAN, KEVIN M
Address	4235 MARSH LANDING BOULEVARD #514
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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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: LINDA H SHERRER PRESIDENT & CEO 09/30/2015

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

Authorized Person(s) Detail Continued :

Title MANAGER
Name LINDENMOYER, LINDA R
Address 357 CHICASAW CT
City-State-Zip: JACKSONVILLE FL 32259

Title MANAGER
Name DA SILVA, DEBBIE MOURA
Address 6933 ALMOURS DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title MGR
Name DA SILVA, DEBBIE M
Address 6933 ALMOURS DRIVE
City-State-Zip: JACKSONVILLE FL 32217