

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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 S 7TH ST FL 27
MINNEAPOLIS, MN 55402 US

FEI Number: 59-3584700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
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 CHAIRPERSON
Name SHERRER, LINDA H
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216

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

Title CEO
Name WAUGAMAN, KEVIN M
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name BROWNE, MICHAEL T
Address ATTN: LEGAL DEPARTMENT
333 S 7TH ST FL 27
City-State-Zip: MINNEAPOLIS MN 55402

Title VP, BUSINESS DEVELOPMENT &
BRANCH MANAGER
Name CLINE, DONALD L
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216

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

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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

06/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name CARDINALE, CHRISTOPHER F
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216

Title VP, TAXATION
Name HALE, JONATHAN D
Address 666 GRAND AVENUE, SUITE 500
City-State-Zip: DES MOINES IA 50309

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

Title VICE PRESIDENT & BRANCH
MANAGER
Name HAYES, HOLLY H
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216