

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

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: MICHAEL T. BROWNE**SECRETARY****04/13/2018**

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 SECRETARY
Name BROWNE, MICHAEL T.
Address 333 SOUTH SEVENTH STREET
 2700
City-State-Zip: MINNEAPOLIS MN 55402

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

Title MANAGER
Name JOSH, COHEN M
Address 1047 FRUIT COVE RD
City-State-Zip: JACKSONVILLE FL 32259