

**2018 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 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 CHAIRPERSON  
Name SHERRER, LINDA H  
Address 4190 BELFORT RD., SUITE 475  
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

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

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

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

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

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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**

**07/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VICE PRESIDENT & BRANCH MANAGER  
Name DA SILVA, DEBBIE M  
Address 6933 ALMOURS DRIVE  
City-State-Zip: JACKSONVILLE FL 32217

Title VICE PRESIDENT & BRANCH MANAGER  
Name JOSH, COHEN M  
Address 1047 FRUIT COVE RD  
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 CFO  
Name CARDINALE, CHRISTOPHER F  
Address 4190 BELFORT RD., SUITE 475  
City-State-Zip: JACKSONVILLE FL 32216