

**2019 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 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:**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 & CEO  
Name BUDNICK, CHRISTY H  
Address 4190 BELFORT RD., SUITE 475  
City-State-Zip: JACKSONVILLE FL 32216

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

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

Title VP, BROKERAGE  
Name KING, ANN C  
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 VP, CORE SERVICES  
Name WAUGAMAN, KEVIN M  
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

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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****04/15/2019**

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 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

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

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

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 VP, INFORMATION TECHNOLOGY  
Name WILKES, MARIA  
Address 4190 BELFORT RD., SUITE 475  
City-State-Zip: JACKSONVILLE FL 32216