## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000007833

Entity Name: JONES FOSTER SERVICE, LLC

**Current Principal Place of Business:** 

505 SOUTH FLAGLER DRIVE SUITE 1100

WEST PALM BEACH, FL 33401

**Current Mailing Address:** 

505 SOUTH FLAGLER DRIVE SUITE 1100

WEST PALM BEACH, FL 33401 US

FEI Number: 20-2309900 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, LARRY B 505 SOUTH FLAGLER DRIVE SUITE 1100

WEST PALM BEACH, FL 33401 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

FILED Mar 17, 2023

**Secretary of State** 

0877871064CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name ALEXANDER, LARRY B Name ALEXANDER, L. BENTON JR.

Address 505 SOUTH FLAGLER DRIVE Address 505 SOUTH FLAGLER DRIVE

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR Title MGR

Name BOWERS, DAVID E Name DAHLMEIER, MARK H

Address 505 SOUTH FLAGLER DRIVE Address 505 SOUTH FLAGLER DRIVE

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR Title MGR

Name HAWKINS, SCOTT G Name HOLTON, PETER S

Address 505 SOUTH FLAGLER DRIVE Address 505 SOUTH FLAGLER DRIVE

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR Title MGR

Name LAMB, KEVIN T Name MCMULLEN, SCOTT L

Address 505 SOUTH FLAGLER DRIVE Address 505 SOUTH FLAGLER DRIVE

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

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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: LARRY B. ALEXANDER MANAGER 03/17/2023

## Authorized Person(s) Detail Continued:

Title MGR Title MGR

Name O'CONNOR, JOANNE M Name RANDOLPH, JOHN C

Address 505 SOUTH FLAGLER DRIVE Address 505 SOUTH FLAGLER DRIVE

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR Title MGR

Name ROTHMAN, STEVEN J Name SACHS, PETER A

Address 505 SOUTH FLAGLER DRIVE Address 505 SOUTH FLAGLER DRIVE

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR

Name SMITH, WILLIAM G

Address 505 SOUTH FLAGLER DRIVE

**SUITE 1100** 

City-State-Zip: WEST PALM BEACH FL 33401