

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003966

Entity Name: N223EA, LLC**Current Principal Place of Business:**2910 KERRY FOREST PARKWAY
#D4-9
TALLAHASSEE, FL 32309**Current Mailing Address:**2910 KERRY FOREST PARKWAY
#D4-9
TALLAHASSEE, FL 32309 US**FEI Number:** 26-0133729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARRAWAY, F. WILSON III
2910 KERRY FOREST PARKWAY
#D4-9
TALLAHASSEE, FL 32309 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 MGRM
Name CARRAWAY, F. WILSON III
Address 2910 KERRY FOREST PARKWAY
#D4-9
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM
Name BIG TOP MANUFACTURING, INC
Address 3255 N US HWY 19
City-State-Zip: PERRY FL 32347

Title MGRM
Name SOUTHWEST GEORGIA OIL CO. INC.
Address P.O. BOX 1510
City-State-Zip: BANBRIDGE GA 39818

Title MGRM
Name SMITH, RANKIN M
Address 5984 US 19 S
City-State-Zip: THOMASVILLE GA 31757

Title MGRM
Name WINDSTORM INVESTMENTS, LLC
Address P.O. BOX 2422
City-State-Zip: TALLAHASSEE FL 32316

Title SIMPSON NURSERIES
Name BESHEARS, FRED
Address 2910 KERRY FOREST PARKWAY
#D4-9
City-State-Zip: TALLAHASSEE FL 32309

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: FRANKLIN W. CARRAWAY III**MANAGING MEMBER****01/14/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date