

2020 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 32309Title MGRM
Name BEECHWOOD WINGS, LLC
Address 13605 MOCCASIN GAP ROAD
City-State-Zip: TALLAHASSEE FL 32309Title MGRM
Name SOUTHWEST GEORGIA OIL CO. INC.
Address P.O. BOX 1510
City-State-Zip: BANBRIDGE GA 39818Title MGRM
Name SMITH, RANKIN M
Address 5984 US 19 S
City-State-Zip: THOMASVILLE GA 31757Title MGRM
Name WINDSTORM INVESTMENTS, LLC
Address P.O. BOX 2422
City-State-Zip: TALLAHASSEE FL 32316Title SIMPSON NURSERIES
Name BESHEARS, FRED
Address 3320 THOMASVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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: F. WILSON CARRAWAY, III**MANAGING MEMBER****02/10/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date