## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087948

**Entity Name: EOLA CAPITAL LLC** 

## **Current Principal Place of Business:**

800 N. MAGNOLIA AVE, **SUITE 1625** 

ORLANDO, FL 32803

**Current Mailing Address:** 

800 N. MAGNOLIA AVE, **SUITE 1625** 

ORLANDO, FL 32803 US

FEI Number: 59-3583790 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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.

Title

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 06, 2024

**Secretary of State** 

7021476344CC

Authorized Person(s) Detail:

Title **MANAGER** 

PARKWAY PROPERTY Name

INVESTMENTS, LLC

Address 800 N. MAGNOLIA AVE,

**SUITE 1625** 

City-State-Zip: ORLANDO FL 32803

Title PRESIDENT AND CFO

Name KOSCIULEK, JOHN

800 N. MAGNOLIA AVE, Address

**SUITE 1625** 

City-State-Zip: ORLANDO FL 32803

VΡ Title

GUITAR, JOHN A Name

Address 800 N. MAGNOLIA AVE,

**SUITE 1625** 

City-State-Zip: ORLANDO FL 32803

CEO Name HEISTAND, JAMES

Address 800 N. MAGNOLIA AVE,

**SUITE 1625** 

ORLANDO FL 32803 City-State-Zip:

SVP, CHIEF ADMINISTRATIVE Title

OFFICER AND GENERAL COUNSEL

HOLMES-KIDD, A. NONI Name

Address 800 N. MAGNOLIA AVE,

**SUITE 1625** 

ORLANDO FL 32803 City-State-Zip:

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: A. NONI HOLMES-KIDD

SVP, CHIEF **ADMINISTRATIVE** OFFICER AND GENERAL COUNSEL

03/06/2024