

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098851

Entity Name: WINN-DIXIE MONTGOMERY LEASING, LLC

Current Principal Place of Business:

8928 PROMINENCE PARKWAY, #200
JACKSONVILLE, FL 32256

Current Mailing Address:

8928 PROMINENCE PARKWAY, #200
JACKSONVILLE, FL 32256 US

FEI Number: 20-8456899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER, EXECUTIVE VICE
 PRESIDENT, CFO
Name CARNEY, BRIAN P.
Address 8928 PROMINENCE PARKWAY, #200
City-State-Zip: JACKSONVILLE FL 32256

Title VP, TREASURER
Name JONES, KENNETH E.
Address 8928 PROMINENCE PARKWAY, #200
City-State-Zip: JACKSONVILLE FL 32256

Title VP, SECRETARY, MANAGER
Name GRIMM, M. SANDLIN
Address 8928 PROMINENCE PARKWAY, #200
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER, PRESIDENT, CEO
Name HUCKER, ANTHONY
Address 8928 PROMINENCE PARKWAY, #200
City-State-Zip: JACKSONVILLE FL 32256

Title SENIOR VICE PRESIDENT, FINANCE
 AND CHIEF ACCOUNTING OFFICER
Name ROY, JAYSON
Address 8928 PROMINENCE PARKWAY, #200
City-State-Zip: JACKSONVILLE FL 32256

Title VP, CORPORATE CONTROLLER
Name NASS, CELIA
Address 8928 PROMINENCE PARKWAY, #200
City-State-Zip: JACKSONVILLE FL 32256

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: M. SANDLIN GRIMM

MANAGER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date