

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067270

**Entity Name:** 11201 ST. JOHNS INDUSTRIAL PARKWAY, SOUTH, LLC

**Current Principal Place of Business:**

11201 ST. JOHN'S INDUSTRIAL PARKWAY, SOUTH  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

PO BOX 16369  
JACKSONVILLE, FL 32245

**FEI Number:** 27-0546952

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUNNY, GREGORY F  
50 N. LAURA STREET  
STE. 3000  
JACKSONVILLE, FL 32202 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:** GREGORY F. LUNNY

03/02/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name TICORAS, WILLIAM M  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name ANGRESANO, CYNTHIA M  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name LEIBINGER, CHRISTIAN L  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title S  
Name LUNNY, GREGORY F  
Address 50 N. LAURA STREET  
STE. 3000  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name BASS, KEVIN  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

*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:** CYNTHIA ANGRESANO

VICE PRESIDENT

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date