

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084001

Entity Name: FITZGERALD COLLABORATIVE GROUP, LLC**Current Principal Place of Business:**850 S. GADSDEN STREET
SUITE 140
TALLAHASSEE, FL 32301**Current Mailing Address:**850 S. GADSDEN STREET
SUITE 140
TALLAHASSEE, FL 32301 US**FEI Number:** 27-0850529**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRAY JR, DONALD R
850 S. GADSDEN STREET
SUITE 140
TALLAHASSEE, FL 32301 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:** DONALD R. GRAY JR.

01/05/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GRAY, DONALD JR
Address 1410 ALBAN AVE
City-State-Zip: TALLAHASSEE FL 32301

Title AUTHORIZED MEMBER
Name FITZGERALD, DARRELL A
Address 4622 IVY GATE CIRCLE
City-State-Zip: ATLANTA GA 32339

Title AUTHORIZED MEMBER
Name GODWIN, ROGER T
Address 3062 FERMANAGH DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title AUTHORIZED MEMBER
Name CLARY, CHARLES W III
Address 44 TRANQUILITY LANE
City-State-Zip: DESTIN FL 32541

Title AUTHORIZED MEMBER
Name BALLASCH, PATRICK L
Address 2441 DUNCAN DRIVE
City-State-Zip: NICEVILLE FL 32578

Title AUTHORIZED MEMBER
Name FOWLER, ROBERT
Address 2 WALDEN WALK NORTHEAST
City-State-Zip: ATLANTA GA 30342

Title AUTHORIZED MEMBER
Name HAGAN, ERIKA
Address 10961 LUNE POINT ROAD
City-State-Zip: TALLAHASSEE FL 32312

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: DONALD GRAY, JR.**PRINCIPAL-IN-CHARGE**

01/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date