## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000072764

Entity Name: 800 LOMAX LLC

**Current Principal Place of Business:** 

ONE INDEPENDENT DRIVE **SUITE 1200** 

JACKSONVILLE, FL 32202

**Current Mailing Address:** 

ONE INDEPENDENT DRIVE **SUITE 1200** JACKSONVILLE, FL 32202

FEI Number: 45-2609713 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DRIVE **SUITE 1200** 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: G. RAY DRIVER, JR., PRESIDENT 04/29/2022

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title

Name HAWTHORNE, RICHARD W

ONE INDEPENDENT DRIVE, STE 1200 Address

City-State-Zip: JACKSONVILLE FL 32202

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: RICHARD W. HAWTHORNE

**MANAGER** 

04/29/2022

**FILED** Apr 29, 2022

**Secretary of State** 

6504956531CC

Date