2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092942

Entity Name: SFPC HOLDING COMPANY, LLC

Current Principal Place of Business:

2750 CHANCELLORSVILLE DRIVE TALLAHASSEE, FL 32312

Current Mailing Address:

2750 CHANCELLORSVILLE DRIVE TALLAHASSEE. FL 32312 US

FEI Number: 45-3014596 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALLAHASSEE FL 32308

DOWDY, JOHN

PURITZ, STEVEN M 215 S MONROE ST 2ND FLOOR 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:

City-State-Zip:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

FILED Feb 28, 2018

Secretary of State

CC5257442346

Authorized Person(s) Detail:

Title MGRM, DIRECTOR, PRESIDENT, CEO Title MGRM, DIRECTOR Name GRAGANELLA, JAMES A Name MARTIN. KEITH E

Address 2514 MILLSTONE PLANTATION ROAD Address 6337 GLASGOW DRIVE

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

Title MGRM, SECRETARY, DIRECTOR

MGRM, VP, DIRECTOR Title MOCK. KRISTIE B Name

Name WELLS, BYRON H Address 1126 CORBY COURT EAST

Address 2819 FITZPATRICK DRIVE TALLAHASSEE FL 32317 City-State-Zip:

Title MGRM, DIRECTOR

Title MGRM, DIRECTOR POWELL, RALPH Name WHITTAKER, CHARLES W Name

168 LANE POWELL ROAD Address Address 2506 VADA ROAD

City-State-Zip: BRINSON GA 39825 BAINBRIDGE GA 39818

Title VP, CFO, TREASURER, DIRECTOR

Title MGRM, DIRECTOR Name EDENFIELD, JUSTIN

Address 9924 BEAVER RIDGE TRAIL 1401 DOUGLAS DRIVE Address TALLAHASSEE FL 32312 City-State-Zip:

City-State-Zip: BAINBRIDGE GA 39819

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.

02/28/2018 SIGNATURE: KRISTIE MOCK **SECRETARY**

Electronic Signature of Signing Authorized Person(s) Detail

Date