

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092942

**Entity Name:** SFPC HOLDING COMPANY, LLC

**Current Principal Place of Business:**

2255 KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2255 KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309

**FEI Number: 45-3014596**

**Certificate of Status Desired: No**

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM, DIRECTOR, PRESIDENT, CEO  
Name GRAGANELLA, JAMES A  
Address 2514 MILLSTONE PLANTATION ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM, DIRECTOR  
Name MARTIN, KEITH E  
Address 6337 GLASGOW DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM, VP, DIRECTOR  
Name WELLS, BYRON H  
Address 2819 FITZPATRICK DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM, SECRETARY, DIRECTOR  
Name MOCK, KRISTIE B  
Address 1126 CORBY COURT EAST  
City-State-Zip: TALLAHASSEE FL 32317

Title MGRM, DIRECTOR  
Name WHITTAKER, CHARLES W  
Address 2506 VADA ROAD  
City-State-Zip: BAINBRIDGE GA 39818

Title MGRM, DIRECTOR  
Name POWELL, RALPH  
Address 168 LANE POWELL ROAD  
City-State-Zip: BRINSON GA 39825

Title MGRM, DIRECTOR  
Name DOWDY, JOHN  
Address 1401 DOUGLAS DRIVE  
City-State-Zip: BAINBRIDGE GA 39819

Title VP, CFO, TREASURER  
Name EDENFIELD, JUSTIN  
Address 9924 BEAVER RIDGE TRAIL  
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: KRISTIE MOCK**

**SECRETARY**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date