

2019 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:

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 264 ISLEBROOK PARKWAY
City-State-Zip: ST. JOHNS FL 32259

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, DIRECTOR
Name EDENFIELD, JUSTIN
Address 6116 GRAYPELL TRAIL
City-State-Zip: TALLAHASSEE FL 32309

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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

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR

Name SMITH, TIMOTHY L

Address 1415 DOUGLAS DRIVE

City-State-Zip: BAINBRIDGE GA 39819