2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000161324

Entity Name: COX'S WHOLESALE SEAFOOD, LLC

Current Principal Place of Business:

1958 MONROE DR NE, ATTN: JONATHAN S. JOST

ATLANTA, GA 30324

Current Mailing Address:

1958 MONROE DR NE, ATTN: JONATHAN S. JOST

ATLANTA, GA 30324 US

FEI Number: 30-0763582 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Mar 03, 2023

Secretary of State

1000416992CC

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

WATKINS, V WILLIAM B. Name Name WATKINS, MILES B.

1958 MONROE DR NE, ATTN: Address 1958 MONROE DR NE, ATTN: Address JONATHAN S. JOST

JONATHAN S. JOST

City-State-Zip: ATLANTA GA 30324 City-State-Zip: ATLANTA GA 30324

MANAGER Title **MANAGER** Title

Name FREEMAN, LEE S. Name WATKINS, JOHN C.

1958 MONROE DR NE, ATTN: 1958 MONROE DR NE, ATTN: Address Address

JONATHAN S. JOST JONATHAN S. JOST

City-State-Zip: ATLANTA GA 30324 City-State-Zip: ATLANTA GA 30324

Title MANAGER Title MANAGER

Name WATKINS, GEORGE C. Name WAHLEN, ERIC S.

Address 1958 MONROE DR NE, ATTN: Address 1958 MONROE DR NE, ATTN:

> JONATHAN S. JOST JONATHAN S. JOST

City-State-Zip: ATLANTA GA 30324 City-State-Zip: ATLANTA GA 30324

Title MANAGER Title **SECRETARY**

PRICE, CHARLES D. HALL, TIMOTHY L. Name Name

1958 MONROE DR NE, ATTN: Address 1958 MONROE DR NE, ATTN: Address

> JONATHAN S. JOST JONATHAN S. JOST

ATLANTA GA 30324 ATLANTA GA 30324 City-State-Zip: City-State-Zip:

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.

03/03/2023 SIGNATURE: TIMOTHY L. HALL SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date