

**2024 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

**Authorized Person(s) Detail :**

Title SECRETARY  
Name HALL, TIMOTHY L.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name WATKINS, WILLIAM B. V  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name WATKINS, MILES B.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name FREEMAN, LEE S.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name WATKINS, JOHN C.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name WATKINS, GEORGE C.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name WAHLEN, ERIC S.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

Title MANAGER  
Name PRICE, CHARLES D.  
Address 1958 MONROE DR NE  
ATTN: JONATHAN S. JOST  
City-State-Zip: ATLANTA GA 30324

*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:** TIMOTHY L. HALL**SECRETARY****04/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date