

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000039789

Entity Name: DEI INVESTORS, LLC**Current Principal Place of Business:**1551 ATLANTIC BOULEVARD
SUITE 300
JACKSONVILLE, FL 32207**Current Mailing Address:**P.O. BOX 47050
JACKSONVILLE, FL 32247-7050 US**FEI Number:** 46-2299837**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEMETREE, JACK C III
1551 ATLANTIC BOULEVARD
SUITE 300
JACKSONVILLE, FL 32207 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	MPT
Name	DEMETREE, JACK C III
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	VPS
Name	COHLMIA , ALEXANDRA D
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	VP
Name	DEMETREE, NICHOLAS C
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	VP
Name	DEMETREE, J C JR
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

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: DEMETREE, JACK C. III

MPT

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date