

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000129897

**Entity Name:** FLORIDA PROGRESS, LLC

**Current Principal Place of Business:**

550 SOUTH TRYON STREET (DEC45A)  
CHARLOTTE, NC 28202

**Current Mailing Address:**

550 SOUTH TRYON STREET (DEC45A)  
CHARLOTTE, NC 28202

**FEI Number:** 59-2147112

**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

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**8957499617CC**

*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 MGR  
Name ESAMANN, DOUGLAS F  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title MGR  
Name GOOD, LYNN J  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title MGR  
Name JAMIL, DHIAA M  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title MGR  
Name JANSON, JULIA S.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title MGR  
Name YOUNG, STEVEN K  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title TREASURER  
Name NEWLIN, KARL W.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. TREASURER  
Name HENDERSHOTT, MICHAEL S.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title PRESIDENT  
Name GOOD, LYNN J.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

**Continues on page 2**

*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:** KENNA C. JORDAN

**ASSISTANT SECRETARY** 04/30/2021

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SECRETARY  
Name MALTZ, DAVID S.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. TREASURER  
Name BAUER, CHRISTOPHER R.  
Address 550 S. TRYON ST.  
City-State-Zip: CHARLOTTE NC 28202

Title VP, TAX  
Name MONROE III, THOMAS COOPER  
Address 550 SOUTH TRYON STREET (DEC45A)  
City-State-Zip: CHARLOTTE NC 28202

Title CONTROLLER  
Name JACOBS, DWIGHT L.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. SECRETARY  
Name WRIGHT, NANCY M.  
Address 550 SOUTH TRYON STREET  
DEC45A  
City-State-Zip: CHARLOTTE NC 28202

Title ASSISTANT SECRETARY  
Name JORDAN, KENNA C.  
Address 550 SOUTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202