

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000129897

Entity Name: FLORIDA PROGRESS, LLC

Current Principal Place of Business:

526 S. CHURCH STREET
CHARLOTTE, NC 28202

Current Mailing Address:

526 S. CHURCH STREET
CHARLOTTE, NC 28202 US

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 08, 2022
Secretary of State
2367138363CC

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 DIRECTOR
Name GLENN, R. ALEXANDER
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name GOOD, LYNN J
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name JAMIL, DHIAA M
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name JANSON, JULIA S.
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name YOUNG, STEVEN K
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

Title TREASURER
Name NEWLIN, KARL W.
Address 400 SOUTH TRYON STREET
City-State-Zip: CHARLOTTE NC 28202

Title ASST. TREASURER
Name HENDERSHOTT, MICHAEL S.
Address 400 SOUTH TRYON STREET
City-State-Zip: CHARLOTTE NC 28202

Title PRESIDENT
Name GOOD, LYNN J.
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

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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: CASSANDRA M. SPRINGER

ASSISTANT SECRETARY 04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SECRETARY
Name MALTZ, DAVID S.
Address 4720 PIEDMONT ROW DR.
City-State-Zip: CHARLOTTE NC 28210

Title ASST. TREASURER
Name BAUER, CHRISTOPHER R.
Address 400 S. TRYON ST.
City-State-Zip: CHARLOTTE NC 28202

Title VP, TAX
Name MONROE III, THOMAS COOPER
Address 400 SOUTH TRYON STREET
City-State-Zip: CHARLOTTE NC 28202

Title ASSISTANT SECRETARY
Name SPRINGER, CASSANDRA M.
Address 4720 PIEDMONT ROW DR.
City-State-Zip: CHARLOTTE NC 28210

Title CONTROLLER
Name LEE, CYNTHIA S.
Address 400 SOUTH TRYON STREET
City-State-Zip: CHARLOTTE NC 28202

Title ASST. SECRETARY
Name WRIGHT, NANCY M.
Address 4720 PIEDMONT ROW DR.
City-State-Zip: CHARLOTTE NC 28210

Title ASSISTANT SECRETARY
Name JORDAN, KENNA C.
Address 526 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202