

**2023 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:**

525 S. TRYON 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 12, 2023**  
**Secretary of State**  
**5098288681CC**

*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 525 S. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. TREASURER  
Name HENDERSHOTT, MICHAEL S.  
Address 525 S. 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

**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:** CASSANDRA M. SPRINGER

**ASSISTANT SECRETARY** 04/12/2023

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

\_\_\_\_\_  
Date

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

Title SECRETARY  
Name MALTZ, DAVID S.  
Address 525 S. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASST. TREASURER  
Name BAUER, CHRISTOPHER R.  
Address 525 S. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

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

Title CONTROLLER  
Name LEE, CYNTHIA S.  
Address 525 S. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title VP, TAX  
Name MONROE III, THOMAS COOPER  
Address 525 S. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title ASSISTANT SECRETARY  
Name SPRINGER, CASSANDRA M.  
Address 525 S. TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202