I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am a managing member or manager of the limited liability company or the receiver or trus		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> PEARLE K BROWN	MANAGER	03/02/2023

MANAGER

SIGNATURE: PEARLE K BROWN

L

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: BROWN INVESTMENTS OF NORTHWEST FLORIDA, LLC **Current Principal Place of Business:**

5061 SOUNDSIDE DR GULF BREEZE, FL 32563

### **Current Mailing Address:**

DOCUMENT# L15000183569

5061 SOUNDSIDE DR GULF BREEZE, FL 32563

## **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

BOND, WILLIAM A 719 S PALAFOX ST PENSACOLA, FL 32502 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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BROWN, PEARLE K	Name	BROWN, DONALD G
Address	5061 SOUNDSIDE DR	Address	5061 SOUNDSIDE DR
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563

Certificate of Status Desired: No

Date

Date