

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000058893

Entity Name: NVRONIT, LLC**Current Principal Place of Business:**1600 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32310**Current Mailing Address:**PO BOX 2497
TALLAHASSEE, FL 32316 US**FEI Number:** 81-1974263**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCALISTER, JORDON L PRES
1600 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32316 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	MGR
Name	MCALISTER, JORDON L
Address	1600 CAPITAL CIRCLE SW
City-State-Zip:	TALLAHASSEE FL 32310

Title	VP
Name	MCALISTER, LYLE
Address	1600 CAPITAL CIRCLE SW
City-State-Zip:	TALLAHASSEE FL 32310

Title	VP
Name	MCALISTER, LEE
Address	1600 CAPITAL CIRCLE SW
City-State-Zip:	TALLAHASSEE FL 32310

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: JORDON MCALISTER**MANAGER****02/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date