

**2025 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**

**03/20/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date