

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000009352

**Entity Name:** TWELVE22, LLC

**Current Principal Place of Business:**

5675 JONES ROAD  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

PO BOX 621237  
ORLANDO, FL 32862 US

**FEI Number:** 82-3991568

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCGRADY, PAMELA L  
5675 JONES ROAD  
SAINT CLOUD, FL 34771 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 MANAGER  
Name MCGRADY, JOSEPH P SR  
Address PO BOX 621237  
City-State-Zip: ORLANDO FL 32862

Title MANAGER  
Name MCGRADY, PAMELA L  
Address PO BOX 621237  
City-State-Zip: ORLANDO FL 32862

Title AUTHORIZED REPRESENTATIVE  
Name BARNES, JENNIFER A  
Address PO BOX 621237  
City-State-Zip: ORLANDO FL 32862

Title AUTHORIZED REPRESENTATIVE  
Name MCGRADY, JOSEPH P JR.  
Address PO BOX 621237  
City-State-Zip: ORLANDO FL 32862

*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:** JENNIFER BARNES

**AUTHORIZED  
REPRESENTATIVE**

**01/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date