

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000240101

**Entity Name:** AMBAR HEIGHTS GP, LLC

**Current Principal Place of Business:**

1649 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1649 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TVC AMBAR, INC.  
1649 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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 P  
Name ROOD, JOHN D  
Address 1649 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name MOORE, CLARENCE S  
Address 1649 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name ADAMES, ELENA M  
Address 1649 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title VPST  
Name FLOYD, JASON O  
Address 1649 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** JOHN D ROOD

P

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date