2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000003613

Entity Name: SIMMONS, FINNEY & WINFIELD, LLC

Current Principal Place of Business:

145 NW CENTRAL PARK PLAZA SUITE 115 PORT SAINT LUCIE, FL 34986

Current Mailing Address:

145 NW CENTRAL PARK PLAZA SUITE 115 PORT SAINT LUCIE, FL 34986 US

FEI Number: 83-3077485

Name and Address of Current Registered Agent:

SIMMONS, EVETT L 145 NW CENTRAL PARK PLAZA SUITE 115 PORT SAINT LUCIE, FL 34986 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

Authorized Person(s) Detail :

| Authorized Terson(5) Detail . | | | |
|-------------------------------|---|-----------------|------------------------------|
| Title | MGR | Title | AMBR |
| Name | SIMMONS, EVETT L | Name | WILLIAMS WINFIELD, ELIZABETH |
| Address | 145 NW CENTRAL PARK PLAZA, SUITE 115 | Address | PO BOX 2242 |
| | | City-State-Zip: | PEACHTREE CITY GA 30269 |
| City-State-Zip: | PORT SAINT LUCIE FL 34986 | | |
| Title | AMBR | | |
| Name | FINNEY, LINNES JR | | |
| Address | 10960 PINECREEK LANE | | |
| City-State-Zip: | PORT ST LUCIE FL 34986 | | |

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: EVETT SIMMONS

MANAGING MEMBER

03/02/2022

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 02, 2022 Secretary of State 3234876856CC

Certificate of Status Desired: No