

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000088910

Entity Name: 6PALMS, LLC**Current Principal Place of Business:**5307 CHANDLER BEND DR
JACKSONVILLE, FL 32224**Current Mailing Address:**5307 CHANDLER BEND DR
JACKSONVILLE, FL 32224 US**FEI Number:** 84-1774013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENT, FRED H III
1200 RIVERPLACE BLVD STE 800
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	MGR
Name	GIBBONS, PETER W
Address	5307 CHANDLER BEND DR
City-State-Zip:	JACKSONVILLE FL 32224

Title	MGR
Name	GIBBONS, SHARON D
Address	5307 CHANDLER BEND DR
City-State-Zip:	JACKSONVILLE FL 32224

Title	MBR
Name	SCOTT, KRISTINE M
Address	1200 RIVERPLACE BLVD STE 800
City-State-Zip:	JACKSONVILLE FL 32207

Title	MBR
Name	CARTER, ELIZABETH A
Address	1200 RIVERPLACE BLVD STE 800
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: SHARON D GIBBONS

02/07/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date