## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000111414

Entity Name: 2A-FULFILLMENT, LLC

**Current Principal Place of Business:** 

14476-104 DUVAL PLACE WEST JACKSONVILLE. FL 32218-9404

**Current Mailing Address:** 

14476-104 DUVAL PLACE WEST JACKSONVILLE, FL 32218-9404 US

FEI Number: 88-0913912 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPOONER, TOM 14476-104 DUVAL PLACE WEST JACKSONVILLE, FL 32218 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

FILED Jan 04, 2023

**Secretary of State** 

5812182289CC

Authorized Person(s) Detail:

Title AMBR Title MGR

NameBATELLI, NEILNameSPOONER, THOMASAddress14476-104 DUVAL PLACE WESTAddress112 BEDSTONE DRIVECity-State-Zip:JACKSONVILLE FL 32218City-State-Zip:ST. JOHN'S FL 32259

Title MGR Title MGR

Name MOONEY, KYLE Name BATELLI, NEIL
Address 4224 SAN SERVERA DR S Address 3 COBIA ST

City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: PONTE VEDRA FL 32082

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: THOMAS SPOONER

Electronic Signature of Signing Authorized Person(s) Detail

MGR

01/04/2023