**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 18, 2025**
**Secretary of State**
**4777546115CC**

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

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | AMBR | Title | MGR |
| Name | BATELLI, NEIL | Name | SPOONER, THOMAS |
| Address | 14476-104 DUVAL PLACE WEST | Address | 14476-104 DUVAL PLACE WEST |
| City-State-Zip: | JACKSONVILLE FL 32218 | City-State-Zip: | JACKSONVILLE FL 32218-9404 |
| Title | MGR | Title | MGR |
| Name | MOONEY, KYLE | Name | BATELLI, NEIL |
| Address | 14476-104 DUVAL PLACE WEST | Address | 14476-104 DUVAL PLACE WEST |
| City-State-Zip: | JACKSONVILLE FL 32218-9404 | City-State-Zip: | JACKSONVILLE FL 32218-9404 |

*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: KYLE MOONEY MGR 02/18/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date