

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000290095

Entity Name: THE FACILITIES GROUP NATIONAL, LLC

Current Principal Place of Business:

217 N. HOWARD AVENUE, SUITE 200
TAMPA, FL 33606

Current Mailing Address:

217 N. HOWARD AVENUE, SUITE 200
TAMPA, FL 33606 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH P. GLACKIN
2907 BAY TO BAY BLVD, SUITE 201
TAMPA, FL 33629 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 JOHN COFER
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

Title MGR
Name DAVID DYCKMAN
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

Title MGR
Name JOSH KUDER
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

Title MGR
Name NIALL MCCOMISKEY
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

Title MGR
Name BRYSON RAVER
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

Title MGR
Name MICHAEL WEISS
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

Title MGR
Name JACK FABRIQUE
Address 217 N. HOWARD AVENUE, SUITE 200
City-State-Zip: TAMPA FL 33606

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: BRYSON RAVER

MANAGER

02/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date