| JACKSONVILLE, FL 32205 US  |   |                       |  |                       |
|--|---|-----------------------|--|-----------------------|
| FEI Number: 88-4144331   |   |                       | Certificate of Status Desired: No        |                       |
| Name and A   | Address of Current Registered Agent:  |                       |  |                       |
| JELINEK, JEN<br>2873 GREEN S<br>JACKSONVILL  |   |                       |  |                       |
| 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. |   |                       |  |                       |
| The above name   | d entity submits this statement for the purpose of changing its regis                       | tered office or regis | tered agent, or both, in the State of Fl | lorida.               |
|  | d entity submits this statement for the purpose of changing its regis<br>: JENNIFER JELINEK | tered office or regis | tered agent, or both, in the State of Fl | lorida.<br>04/26/2024 |
|  |   | tered office or regis | tered agent, or both, in the State of Fl |                       |
| SIGNATUR   | E: JENNIFER JELINEK   | tered office or regis | tered agent, or both, in the State of Fl | 04/26/2024            |
| SIGNATUR   | EIECTRONIC Signature of Registered Agent  | tered office or regis | tered agent, or both, in the State of Fl | 04/26/2024            |
| SIGNATURE<br>Authorized  | E: JENNIFER JELINEK<br>Electronic Signature of Registered Agent<br>Person(s) Detail :       |                       |  | 04/26/2024            |
| SIGNATURE<br>Authorized  | E: JENNIFER JELINEK<br>Electronic Signature of Registered Agent<br>Person(s) Detail :       | Title                 | VP                                       | 04/26/2024            |

2873 GREEN STREET JACKSONVILLE, FL 32205 US

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.

Ρ

SIGNATURE: JENNIFER JELINEK

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 26, 2024 Secretary of State 7767637132CC

04/26/2024

Date

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L22000409328

Entity Name: 708 MIDLAND LLC

## **Current Principal Place of Business:**

2873 GREEN STREET JACKSONVILLE, FL 32205

**Current Mailing Address:**