

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000248864

Entity Name: JACKSONVILLE CASH REGISTER CO, LLC

Current Principal Place of Business:

4936 LENOIR AVE
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 551382
JACKSONVILLE, FL 32255 US

FEI Number: 59-2242055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENT, FREDERICK H III
1200 RIVER PLACE 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 MGBM
Name LOHR, JOHN
Address 4936 LENOIR AVE
City-State-Zip: JACKSONVILLE FL 32216

Title MGBM
Name CLIETT, TIMOTHY
Address 14450 GARDEN GATE DRIVE
City-State-Zip: JACKSONVILLE FL 32258

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: JOHN LOHR

MANAGER

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date