

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005155

**Entity Name:** JACKSONVILLE JAGUARS, LLC

**Current Principal Place of Business:**

1 TIAA BANK FIELD DRIVE  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1 TIAA BANK FIELD DRIVE  
JACKSONVILLE, FL 32202 US

**FEI Number:** 27-1805561

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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: MANAGER  
Name: KHAN, SHAHID R.  
Address: 1 TIAAAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title: AUTHORIZED PERSON  
Name: PAREKH, MEGHA  
Address: 1 TIAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title: MEMBER  
Name: THE SHAHID RAFIQ KHAN 2012 TRUST AGREEMENT F/B/O ANTONY RAFIQ KHAN, DATED OCTOBER 11, 2012  
Address: 1 TIAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title: MEMBER  
Name: THE SHAHID RAFIQ KHAN 2012 TRUST AGREEMENT F/B/O SHANNA KHAN, DATED OCTOBER 11, 2012  
Address: 1 TIAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title: MEMBER  
Name: THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF ANTONY RAFIQ KHAN, DATED SEPTEMBER 18, 1995  
Address: 1 TIAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title: MEMBER  
Name: THE SHAHID RAFIQ KHAN LIVING TRUST, DATED JULY 14, 1988, AS AMENDED  
Address: 1 TIAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title: MEMBER  
Name: THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF SHANNA KHAN, DATED SEPTEMBER 18, 1995  
Address: 1 TIAA BANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

*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:** MEGHA PAREKH

**AUTHORIZED PERSON**

**02/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date