

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005155

Entity Name: JACKSONVILLE JAGUARS, LLC

Current Principal Place of Business:

1 EVERBANK STADIUM DRIVE
JACKSONVILLE, FL 32202

Current Mailing Address:

1 EVERBANK STADIUM 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

FILED
Apr 18, 2024
Secretary of State
9828312193CC

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	Title	AUTHORIZED REPRESENTATIVE
Name	KHAN, SHAHID R.	Name	PAREKH, MEGHA
Address	1 TIAAA BANK FIELD DRIVE	Address	1 EVERBANK STADIUM DRIVE
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

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

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF ANTONY RAFIQ KHAN, DATED SEPTEMBER 18, 1995	Name	THE SHAHID RAFIQ KHAN LIVING TRUST, DATED JULY 14, 1988, AS AMENDED
Address	1 EVERBANK STADIUM DRIVE	Address	1 EVERBANK STADIUM DRIVE
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

Title	AUTHORIZED MEMBER
Name	THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF SHANNA KHAN, DATED SEPTEMBER 18, 1995
Address	1 EVERBANK STADIUM 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 REPRESENTATIVE

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date