

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331598

**Entity Name:** AND PROPERTY LLC

**Current Principal Place of Business:**

8431 NEW KINGS ROAD  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

P.O. BOX 1654  
CALLAHAN, FL 32011 UN

**FEI Number:** 87-1784761

**Certificate of Status Desired:** No

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

BENNETT, TAMMY A  
8431 NEW KINGS ROAD  
JACKSONVILLE, FL 32219 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 BENNETT, JOHN A  
Address 8431 NEW KINGS RD.,  
JACKSONVILLE, FLORIDA  
City-State-Zip: JACKSONVILLE FL 32219

Title AMBR  
Name BENNETT, BRANDI N  
Address 8431 NEW KINGS RD.,  
JACKSONVILLE, FLORIDA  
City-State-Zip: JACKSONVILLE FL 32219

Title MGR  
Name BENNETT, TAMMY A  
Address PO BOX 1654  
City-State-Zip: CALLAHAN FL 32011

*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:** TAMMY A BENNETT

**MBR**

**01/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date