

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000506162

**Entity Name:** DATA ACCESS NORTH AMERICA, LLC

**Current Principal Place of Business:**

12538 MISSION HILLS DRIVE SOUTH  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

PO BOX 770970  
MIAMI, FL 33177

**FEI Number: 87-3807765**

**Certificate of Status Desired: Yes**

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

CASANAVE, CHARLES L  
12538 MISSION HILLS DRIVE SOUTH  
JACKSONVILLE, FL 32225 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 CASANAVE, CHARLES L  
Address 12538 MISSION HILLS DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGING DIRECTOR  
Name BRIENNE CASANAVE  
Address 2112 SPANISH BLUFF DR  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR OF OPERATIONS  
Name TAREN GARONE  
Address 15321 SW 154 TERRACE  
City-State-Zip: MIAMI FL 33187

Title VP PROFESSIONAL SERVICES  
Name BAUGH, JACK  
Address 409 NEUMANN DRIVE  
City-State-Zip: EAST PEORIA IL 61611

*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: BRIENNE CASANAVE**

**MANAGING DIRECTOR**

**02/01/2023**

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

\_\_\_\_\_  
Date