

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000111414

**Entity Name:** 2A-FULFILLMENT, LLC

**Current Principal Place of Business:**

14476-104 DUVAL PLACE WEST  
JACKSONVILLE, FL 32218-9404

**Current Mailing Address:**

14476-104 DUVAL PLACE WEST  
JACKSONVILLE, FL 32218-9404 US

**FEI Number:** 88-0913912

**Certificate of Status Desired:** No

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

SPOONER, TOM  
14476-104 DUVAL PLACE WEST  
JACKSONVILLE, FL 32218 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 AMBR  
Name BATELLI, NEIL  
Address 14476-104 DUVAL PLACE WEST  
City-State-Zip: JACKSONVILLE FL 32218

Title MGR  
Name SPOONER, THOMAS  
Address 112 BEDSTONE DRIVE  
City-State-Zip: ST. JOHN'S FL 32259

Title MGR  
Name MOONEY, KYLE  
Address 4224 SAN SERVERA DR S  
City-State-Zip: JACKSONVILLE FL 32217

Title MGR  
Name BATELLI, NEIL  
Address 3 COBIA ST  
City-State-Zip: PONTE VEDRA FL 32082

*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:** KYLE MOONEY

MGR

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date