

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018261

**FILED
Jan 10, 2012
Secretary of State**

Entity Name: NORTH FLORIDA ENCLOSURE, LLC

Current Principal Place of Business:

5001 HOMECREST CIR
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5001 HOMECREST CIR
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-0830472 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NELSON, MIKE
5001 HOMECREST CIR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NELSON, MIKE
Address: 5001 HOMECREST CIR
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MIKE NELSON PRES 01/10/2012

_____ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date