

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007384

**FILED**  
**Mar 28, 2019**  
**Secretary of State**  
**9151448513CC**

**Entity Name:** I60, INC.

**Current Principal Place of Business:**

12659 PINE MARSH WAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

12659 PINE MARSH WAY  
JACKSONVILLE, FL 32226

**FEI Number:** 82-2030005

**Certificate of Status Desired:** No

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

CAHILL, CHRISTOPHER  
12659 PINE MARSH WAY  
JACKSONVILLE, FL 32226 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

**Officer/Director Detail :**

Title D/P  
Name CAHILL, CHRISTOPHER  
Address 12659 PINE MARSH WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title D/S  
Name LEFAIVRE, CHEYENNE  
Address 12659 PINE MARSH WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name CAHILL, ALEXIEA  
Address 12659 PINE MARSH WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title VP/T  
Name CAHILL, ALEXIEA  
Address 12659 PINE MARSH WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name MATTHEWS, JAMES  
Address 3220 NEW BERLIN RD.  
City-State-Zip: JACKSONVILLE FL 32226

Title D  
Name NORMAN, SARA  
Address 442 WYE DR.  
City-State-Zip: ABERDEEN MD 21001

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER ROBERT CAHILL

**D/P**

**03/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date