

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008228

Entity Name: DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.**Current Principal Place of Business:**ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202**Current Mailing Address:**ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US**FEI Number:** 16-1656248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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 DRIVER, G. RAY JR.
Address ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name PEEK, J. JACOB R
Address ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name MCAFEE, MATTHEW S
Address ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name HAWTHORNE, RICHARD W
Address ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip: JACKSONVILLE FL 32202

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: G. RAY DRIVER, JR.**MANAGER****03/31/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date