

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016965

**FILED**  
**Feb 09, 2016**  
**Secretary of State**  
**CC2504245184**

**Entity Name:** BAINBRIDGE CONSTRUCTION JACKSONVILLE LLC

**Current Principal Place of Business:**

12765 WEST FOREST HILL BLVD., STE 1307  
WELLINGTON, FL 33414

**Current Mailing Address:**

12765 WEST FOREST HILL BLVD., STE 1307  
WELLINGTON, FL 33414

**FEI Number:** 02-0690908

**Certificate of Status Desired:** No

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

BCRA, LLC  
7777 GLADES RD., STE. 300  
BOCA RATON, FL 33434 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:** JEFFREY A. DEUTCH

02/09/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                       |                 |  |
|-----------------|---------------------------------------|-----------------|--|
| Title           | MGR                                   | Title           | AUTHORIZED REPRESENTATIVE              |
| Name            | RAS MANAGER, LLC                      | Name            | FOX, SANFORD                           |
| Address         | 12765 WEST FOREST HILL BLVD. STE 1307 | Address         | 12765 WEST FOREST HILL BLVD., STE 1307 |
| City-State-Zip: | WELLINGTON FL 33414                   | City-State-Zip: | WELLINGTON FL 33414                    |

*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:** SANFORD FOX

**CONTROLLER**

02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date