

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031712

**Entity Name:** 6867 BELFORT OAKS PLACE, LLC

**Current Principal Place of Business:**

6890 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6890 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SIDNEY S. SIMMONS, II, ATTORNEY AT LAW  
1050 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 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 WARREN, SCOTT D  
Address 6890 BELFORT OAKS PLACE  
City-State-Zip: JACKSONVILLE FL 32216

*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:** SCOTT D. WARREN, MD

MANAGER

04/23/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date