

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037687

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC7113038513**

**Entity Name:** DOWNTOWN STATION, L.L.C.

**Current Principal Place of Business:**

1837 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1837 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**FEI Number:** 20-0275063

**Certificate of Status Desired:** Yes

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

GUIDI, DENNIS E  
1837 HENDRICKS AVE.  
JACKSONVILLE, FL 32207 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 D  
Name HARRIS, ROBERT M  
Address 1837 HENDRICKS AVE.  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name GUIDI, DENNIS E  
Address 1837 HENDRICKS AVE.  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name ROSNER, ALAN E  
Address 1837 HENDRICKS AVE  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name DUNLAP, DAVID M  
Address 1837 HENDRICKS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name RUDOLPH, MICHAEL D  
Address 1837 HENDRICKS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

*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:** ROBERT M HARRIS

**PRESIDENT**

**02/04/2016**

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

\_\_\_\_\_  
Date