

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056114

**Entity Name:** R & T 939 ARLINGTON, LLC

**Current Principal Place of Business:**

14442 CHERRY LAKE DR., EAST  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14442 CHERRY LAKE DR., EAST  
JACKSONVILLE, FL 32258 US

**FEI Number:** 90-0178652

**Certificate of Status Desired:** No

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

WIENER, WILLIAM CPA  
14442 CHERRY LAKE DR., EAST  
JACKSONVILLE, FL 32258 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	Title	MGR
Name	WIENER, WILLIAM MGR	Name	WIENER, MARK E
Address	14442 CHERRY LAKE DR., EAST	Address	14442 CHERRY LAKE DR., EAST
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32256

*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:** WILLIAM WIENER

**MGR**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date