

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005090

**Entity Name:** E. JACOBSON, LLC

**Current Principal Place of Business:**

34745 TRANQUIVIEW LANE  
DADE CITY, FL 33523

**Current Mailing Address:**

34745 TRANQUIVIEW LANE  
DADE CITY, FL 33523

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HINES, JAMES PJR  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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 JACOBSON, ERIC  
Address 34745 TRANQUIVIEW LANE  
City-State-Zip: DADE CITY FL 33523

Title VPRES  
Name CAMIANO, LISA K  
Address 34745 TRANQUIVIEW LANE  
City-State-Zip: DADE CITY FL 33523

*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:** ERIC JACOBSON

**MEMBER**

**01/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date