

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018261

Entity Name: NORTH FLORIDA ENCLOSURE, LLC

Current Principal Place of Business:

5001 HOMECREST CIR
JACKSONVILLE, FL 32244

Current Mailing Address:

5001 HOMECREST CIR
JACKSONVILLE, FL 32244

FEI Number: 20-0830472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, MIKE
5001 HOMECREST CIR
JACKSONVILLE, FL 32244 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 NELSON, MIKE
Address 5001 HOMECREST CIR
City-State-Zip: JACKSONVILLE FL 32244

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: MIKE NELSON

MNGR

03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date