

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKE NELSON

**MANAGER**

**04/26/2013**

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

\_\_\_\_\_  
Date