

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091413

FILED
Apr 22, 2015
Secretary of State
CC2224301636

Entity Name: SHOPS OF BARTRAM WALK, LLC

Current Principal Place of Business:

1551 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 47050
JACKSONVILLE, FL 32247

FEI Number: 20-2020270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMETREE, J.C. JR
1551 ATLANTIC BLVD STE 300
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 MPT
Name DEMETREE, J. C. JR.
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPSAT
Name DEMETREE, MARK C
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS
Name DEMETREE, CHRISTOPHER C
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS
Name DUNN, M HARRIS
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPSAT
Name DEMETREE, MARK C
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS
Name DEMETREE, CHRISTOPHER C
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS
Name DUNN, M HARRIS
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPSAT
Name DEMETREE, MARK C
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Continues on page 2

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: DEMETREE J.C., JR.

MPT

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VPAS
Name DEMETREE, CHRISTOPHER C
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247

Title VPAS
Name DUNN, M HARRIS
Address PO BOX 47050
City-State-Zip: JACKSONVILLE FL 32247