

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066879

**Entity Name:** GUANA LANDING, LLC

**Current Principal Place of Business:**

4200 MARSH LANDING BLVD., STE. 100  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4200 MARSH LANDING BLVD., STE. 100  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 20-3110526

**Certificate of Status Desired:** No

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

SLG MANAGEMENT SERVICES, LLC  
4200 MARSH LANDING BLVD., STE. 100  
JACKSONVILLE BEACH, FL 32250 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            PRES  
Name            MAIER, DOUGLAS  
Address        4200 MARSH LANDING BLVD., STE.  
                  100  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP  
Name            KUNKEL, JOHN C  
Address        4200 MARSH LANDING BLVD., STE.  
                  100  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            SECRETARY  
Name            LAWARRE, JOY  
Address        4200 MARSH LANDING BLVD., STE.  
                  100  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VPTR  
Name            MOORE, JOHN P  
Address        4200 MARSH LANDING BLVD., STE.  
                  100  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JOY L. LAWARRE

**SECRETARY**

**04/20/2015**

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

\_\_\_\_\_  
Date