# 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.

MGP

SIGNATURE:	JAMES KERN	

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address:**

1550 MADRUGA AVENUE, STE. 130 CORAL GABLES. FL 33146

## FEI Number: 20-4641452

## Name and Address of Current Registered Agent:

KERN, JAMES W 1550 MADRUGA AVENUE SUITE 130 CORAL GABLES, FL 33146 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR	
Name	MATHIS, CAROLYN	Name	KERN, JAMES W	
Address	24648 HARBORVIEW DRIVE	Address	1550 MADRUGA AVENUE, STE. 130	
City-State-Zip:	PONTE VEDRA FL 32082	City-State-Zip:	CORAL GABLES FL 33146	

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000036148

Entity Name: NORTHEAST FLORIDA MANAGEMENT, LLC.

## **Current Principal Place of Business:**

614 PECAN PARK ROAD JACKSONVILLE, FL 32218

# FILED Jan 29, 2020 Secretary of State 4921789667CC

Date

Certificate of Status Desired: No

01/29/2020 Date