

**2015 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

**Current Mailing Address:**

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

**FEI Number: 20-4641452**

**Certificate of Status Desired: Yes**

**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

Date

**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

*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: JAMES KERN** \_\_\_\_\_

**MANAGING MEMBER**

**01/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date