

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050340

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC5604412019**

**Entity Name:** 4237 SALISBURY ROAD LLC

**Current Principal Place of Business:**

4237 SALISBURY ROAD  
SUITE 100 BLDG 1  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4237 SALISBURY ROAD  
SUITE 100 BLDG 1  
JACKSONVILLE, FL 32216

**FEI Number:** 20-4956593

**Certificate of Status Desired:** No

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

OWEN, GEORGE EJR  
100 SECOND AVE SOUTH ST 301N  
ST PETERSBURG, FL 33701 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 MGRM  
Name BUTTNER, EDWARD WIV  
Address 4632 CORRIENTES CIRCLE NORTH  
City-State-Zip: JACKSONVILLE FL 32217

Title MGRM  
Name HAMMOCK, MICHAEL T  
Address 434 TRIPLE CROWN LANE  
City-State-Zip: JACKSONVILLE FL 32259

Title MGRM  
Name CROPPER, M. STEVEN  
Address 8206 CUTTER PLACE  
City-State-Zip: JACKSONVILLE FL 32216

*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:** EDWARD W BUTTNER IV

MGRM

02/27/2014

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

\_\_\_\_\_ Date