

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122373

Entity Name: SAM WELLS COMPLEX UNIT 504, LLC

Current Principal Place of Business:

2520 BUTTONWOOD DRIVE
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. S
BLDG. 500, STE. 504
JACKSONVILLE, FL 32216 US

FEI Number: 20-8103231

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MICHELE, GIBBS L
3599 UNIVERSITY BLVD. S.
BLDG. 500, STE. 504
JACKSONVILLE, FL 32216 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 GOROSPE, WILLIAM C
Address 2520 BUTTONWOOD DRIVE
City-State-Zip: JACKSONVILLE FL 32216

Title MGRM
Name STANCIU, SEBASTIAN R DR.
Address 3599 UNIVERSITY BLVD. S
BLDG. 500, STE. 504
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: SEBASTIAN R. STANCIU

MGRM

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date