

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005449

**Entity Name:** JAX ONE SHANDS, LLC

**Current Principal Place of Business:**

544 W 17TH ST.  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

2103 INDIAN SPRING DR.  
JACKSONVILLE, FL 32246

**FEI Number:** 02-0796862

**Certificate of Status Desired:** No

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

FORD, JOHN J  
210 ENFIELD RD  
DELRAY BEACH, FL 33444 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  
Name KITKOWSKI, REBECCA  
Address 2103 INDIAN SPRING DR.  
City-State-Zip: JACKSONVILLE FL 32246

Title MGR  
Name FORD, JOHN  
Address 210 ENFIELD RD  
City-State-Zip: DELRAY BEACH FL 33444

*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:** FORD JOHN

**MEMBER**

**04/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date