

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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: JOHN J. FORD

MGR

06/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date