

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045898

Entity Name: 1100, LLC

**Current Principal Place of Business:**

975 S PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

975 S PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084 US

FEI Number: 75-3241516

Certificate of Status Desired: No

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

HARDY, RICHARD L  
975 S PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084 US

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC2230836807**

*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 BARNARD, THOMAS A  
Address 2639 OAK STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM  
Name DUNN, WILLIAM J  
Address 2639 OAK STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM  
Name HARDY, RICHARD L  
Address 1200 PLANTATION ISLAND DR S  
City-State-Zip: ST AUGUSTINE FL 32080

Title MGRM  
Name MORENO, RUAL J  
Address 2639 OAK STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM  
Name STAMAN, JAMES A  
Address 2639 OAK STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM  
Name SULLIVAN, JOHN P  
Address 2639 OAK STREET  
City-State-Zip: JACKSONVILLE FL 32204

*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: RICHARD HARDY

PRES

04/27/2016

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

\_\_\_\_\_ Date