

2015 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*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****03/28/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date