

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051461

**Entity Name:** MATHEWS & CRIPE, LLC

**Current Principal Place of Business:**

3430 KORI ROAD  
SUITE 6  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3430 KORI ROAD  
SUITE 6  
JACKSONVILLE, FL 32257 44

**FEI Number:** 26-0175717

**Certificate of Status Desired:** No

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

MATHEWS, STEVE CPA  
3430 KORI ROAD  
SUITE 6  
JACKSONVILLE, FL 32257 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 MATHEWS, STEVE  
Address 3430 KORI ROAD, SUITE 6  
City-State-Zip: JACKSONVILLE FL 32257

*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:** STEVE MATHEWS

MEMBER/MANAGER

01/19/2015

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

\_\_\_\_\_  
Date