

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000036416

**FILED  
Apr 29, 2015  
Secretary of State  
CC9365703353**

**Entity Name:** KINGFISH OF VIRGINIA LLC

**Current Principal Place of Business:**

2700 UNIVERSITY BLVD. W  
A-4  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

P O BOX 9916  
CHESAPEAKE, VA 23321

**FEI Number:** 26-2377818

**Certificate of Status Desired:** No

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

JONES, TERI MESQ  
2700 UNIVERSITY BLVD. W  
A-4  
JACKSONVILLE, FL 32217 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           MANAGING MEMBER  
Name           JONES, TERI MESQ  
Address        P O BOX 9916  
City-State-Zip: CHESAPEAKE VA 23321

Title           MGR, MANAGING MEMBER  
Name           JONES, FARRIS M  
Address        3332 STATION HOUSE ROAD  
City-State-Zip: CHESAPEAKE VA 23321

Title           MGR  
Name           JONES, ELIZABETH H  
Address        3332 STATION HOUSE ROAD  
City-State-Zip: CHESAPEAKE VA 23321

Title           MANAGER  
Name           CAMPBELL, LISA M  
Address        3328 STATION HOUSE RD  
City-State-Zip: CHESAPEAKE VA 23321

*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:** TERI MICHELLE JONES

**MANAGING MEMBER**

**04/29/2015**

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

\_\_\_\_\_  
Date