## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041092

Entity Name: COTTAGE AVENUE, LLC

**Current Principal Place of Business:** 

1545 SILVER ST

JACKSONVILLE, FL 32206

**Current Mailing Address:** 

1545 SILVER ST

JACKSONVILLE. FL 32206

FEI Number: 26-2697691 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLKEY, JAMES 1545 SILVER ST

JACKSONVILLE, FL 32296 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

FILED Mar 29, 2016

**Secretary of State** 

CC4942092850

Authorized Person(s) Detail:

SIGNATURE: JAMES POLKEY

Title MGRM Title AUTHORIZED MEMBER

NamePOLKEY, JAMES MIINamePOLKEY, CYNDIAddress1545 SILVER STAddress1545 SILVER ST

City-State-Zip: JACKSONVILLE FL 32206 City-State-Zip: JACKSONVILLE FL 32206

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.

**MANAGER**