

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078859

**Entity Name:** AG PLUS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

960 ROGERO ROAD  
#10  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

960 ROGERO ROAD  
#10  
JACKSONVILLE, FL 32211 US

**FEI Number:** 26-3186466

**Certificate of Status Desired:** No

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

HATHAWAY & REYNOLDS, P.A.  
50 A1A NORTH  
SUITE 108  
PONTE VEDRA BEACH, FL 32082 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 ECTON, JAMES W  
Address 3378 DEBUSSY RD.  
City-State-Zip: JACKSONVILLE FL 32277

*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:** JAMES W. ECTON

MGRM

01/29/2015

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

\_\_\_\_\_  
Date