## **2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083158

Entity Name: 4919 JAMESTOWN, LLC

**Current Principal Place of Business:** 

828 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316

**Current Mailing Address:** 

828 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316

FEI Number: 26-3337784 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOSTER, SAMUEL 828 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316 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: SAMUEL KOSTER 03/04/2013

Electronic Signature of Registered Agent

Date

FILED Mar 04, 2013

**Secretary of State** 

CC5482908483

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name CELESTE G. KOSTER REVOCABLE Name ESTEP, MARK

TRUST AGREEMEN

Address 828 PONCE DE LEON DRIVE

Address 4919 JAMESTOWN AVENUE

City-State-Zip: BATON ROUGE LA 70808

City-State-Zip: FORT LAUDERDALE FL 33316

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL KOSTER

03/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date