

**2014 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

04/07/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CELESTE G. KOSTER REVOCABLE  
TRUST AGREEMEN  
Address 828 PONCE DE LEON DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name ESTEP, MARK  
Address 4919 JAMESTOWN AVENUE  
City-State-Zip: BATON ROUGE LA 70808

*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:** CELESTE KOSTER

MGR

04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date