

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002412

**Entity Name:** STUDENT BUSINESS SERVICES CO-OP OF JACKSONVILLE, LLC

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC6200967708**

**Current Principal Place of Business:**

156 BISHOPSCOURT ROAD  
OSPREY, FL 34229

**Current Mailing Address:**

156 BISHOPSCOURT ROAD  
OSPREY, FL 34229 US

**FEI Number: 26-3995946**

**Certificate of Status Desired: No**

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

ARNOLD, GARY J  
156 BISHOPSCOURT RD  
OSPREY, FL 34229 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 ARNOLD, GARY  
Address 156 BISHOPSCOURT ROAD  
City-State-Zip: OSPREY FL 34229

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: GARY ARNOLD**

**MGRM**

**04/10/2017**

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

\_\_\_\_\_  
Date