

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074154

Entity Name: STYLES MARK LLC

Current Principal Place of Business:

660 COMMERCE CENTER DR, #100
JACKSONVILLE, FL 32225

Current Mailing Address:

P.O. BOX 57796
JACKSONVILLE, FL 32241-7796 US

FEI Number: 80-0429434

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARK, MARTIN A
11917 REMSEN RD
JACKSONVILLE, FL 32223 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	MGR	Title	MGR
Name	MARK, MARTIN A	Name	MARK, LATONYA S
Address	11917 REMSEN RD	Address	11917 REMSEN RD
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

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: MARTIN A. MARK

MANAGER

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date