

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078064

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC4604658194**

**Entity Name:** RATLIFF PROPERTIES LLC

**Current Principal Place of Business:**

12186 DIVIDING OAKS TRAIL WEST  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12186 DIVIDING OAKS TRAIL WEST  
JACKSONVILLE, FL 32223

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RATLIFF, JAMES R  
12186 DIVIDING OAKS TRAIL WEST  
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 MGRM  
Name RATLIFF, JAMES R  
Address 12186 DIVIDING OAKS TRAIL WEST  
City-State-Zip: JACKSONVILLE FL 32223

Title MGRM  
Name RATLIFF, SHARON D  
Address 12186 DIVIDING OAKS TRAIL WEST  
City-State-Zip: JACKSONVILLE FL 32223

Title MANAGER  
Name FORE, HILLARY BETH  
Address 169 CELTIC WEDDING DRIVE  
City-State-Zip: ST. JOHNS FL 32259

*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 R. RATLIFF

**MANAGER**

**01/16/2018**

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

\_\_\_\_\_  
Date