

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096553

**Entity Name:** BEYOND LIMITS OF NORTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

5233 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5233 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32207

**FEI Number:** 27-1172851

**Certificate of Status Desired:** No

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

COLE, CRAWFORD L  
5233 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32207 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:** CRAWFORD COLE

02/25/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OTHER  
Name HAMPTON, WADE  
Address 5233 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32207

Title OTHER  
Name BENNETT, H. CRAIG  
Address 5548 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title CHAIRMAN  
Name COLE, CRAWFORD L  
Address 5233 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** CRAWFORD COLE

CHAIRMAN

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date