

2020 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 US

FEI Number: 27-1172851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHEFAN, JEFFREY F
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: JEFFREY CHEFAN

03/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, MANAGER
Name CHEFAN, JEFFREY F
Address 5233 SAN JOSE BOULEVARD
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN
Name MOORMAN, BRIAN
Address 5233 SAN JOSE BOULEVARD
City-State-Zip: JACKSONVILLE FL 32207

Title MANAGER
Name MORRMAN, BRIAN
Address 820 HWY A1A N
SUITE E-15
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MANAGER
Name CUTAJAR, JOSEPH
Address 5548 FIRST COAST HWY
SUITE #101
City-State-Zip: AMELIA ISLAND FL 32034

Title AMBR
Name IZZO, LOUIS
Address 270 BROADWAY
SUITE #103
City-State-Zip: SARATOGA SPRINGS NY 12866

Title AMBR
Name COLLINS, DAN
Address 270 BROADWAY
SUITE #103
City-State-Zip: SARATOGA SPRINGS NY 12866

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: JEFFREY FRANCIS CHEFAN

MANAGER

03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date