

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088926

**Entity Name:** FAMILY HOMEPLACE LLC

**Current Principal Place of Business:**

343 W 7TH STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

343 W 7TH STREET  
JACKSONVILLE, FL 32206 US

**FEI Number:** 27-3327420

**Certificate of Status Desired:** No

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

JOSE, DAVID  
343 W 7TH STREET  
JACKSONVILLE, FL 32206 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 JOSE, DAVID J  
Address 343 W 7TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title MGRM  
Name JOSE, MARIO  
Address 343 W 7TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title MGRM  
Name JOSE, NANCY  
Address 343 W 7TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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:** DAVID JOSE

MGRM

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date