

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000028564

**Entity Name:** J GARRISON, AND ASSOCIATES, LLC

**Current Principal Place of Business:**

109 NEEDLE PALM DR.  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

109 NEEDLE PALM DR.  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GARRISON, JAMES S  
109 NEEDLE PALM DR.  
ST. AUGUSTINE, FL 32086 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 GARRISON, JAMES S  
Address 109 NEEDLE PALM DR.  
City-State-Zip: ST. AUGUSTINE FL 32086

*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 S. GARRISON

MANAGER

03/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date