

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040188

**Entity Name:** 100 N. LAURA STREET, L.L.C.

**Current Principal Place of Business:**

10 W. ADAMS STREET, 3RD FLOOR  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

10 W. ADAMS STREET, 3RD FLOOR  
JACKSONVILLE, FL 32202

**FEI Number:** 45-1499192

**Certificate of Status Desired:** No

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

DUSS, JOHN SIV ESQ  
DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.  
4348 SOUTHPOINT BLVD., SUITE 101  
JACKSONVILLE, FL 32216 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           | MANAGER                       | Title           | MANAGER                       |
| Name            | FARAH, EDDIE                  | Name            | FARAH, CHUCK                  |
| Address         | 10 W. ADAMS STREET, 3RD FLOOR | Address         | 10 W. ADAMS STREET, 3RD FLOOR |
| City-State-Zip: | JACKSONVILLE FL 32202         | City-State-Zip: | JACKSONVILLE FL 32202         |

*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:** EDDIE FARAH

MANAGER

03/24/2014

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

\_\_\_\_\_ Date