

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000100205

**Entity Name:** TAPESTRY DRAWBRIDGE, L.L.C.

**Current Principal Place of Business:**

9822 TAPESTRY PARK CIRCLE, #206  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

POST OFFICE BOX 551260  
JACKSONVILLE, FL 32255-1260

**FEI Number:** 45-3141194

**Certificate of Status Desired:** No

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

ANSBACHER & SCHNIEDER, P.A.  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256 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	MGR	Title	MGR
Name	KIRSNER, RONALD M	Name	KIRSNER, PATRICIA A
Address	9822 TAPESTRY PARK CIRCLE, #206	Address	9822 TAPESTRY PARK CIRCLE, #206
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

*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:** RONALD M. KIRSNER

**MGR**

**02/21/2014**

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

\_\_\_\_\_  
Date