

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000142630

**Entity Name:** MANDARIN COVE OFFICE, LLC

**Current Principal Place of Business:**

2950 HALCYON LANE, SUITE 604  
SUITE 604  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2950 HALCYON LANE, SUITE 604  
JACKSONVILLE, FL 32223

**FEI Number:** 45-4529703

**Certificate of Status Desired:** No

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

ULM, L. SCOTT  
2676 SCOTT MILL LANE  
JACKSONVILLE, FL 32223 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	MR	Title	MRS
Name	ULM, L. SCOTT	Name	ULM, TERRE L.
Address	2676 SCOTT MILL LANE	Address	2676 SCOTT MILL LANE
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

*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:** L. SCOTT ULM

**OWNER**

**02/27/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date