

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000029266

**Entity Name:** LOVCO, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202

**FEI Number:** 45-4668046

**Certificate of Status Desired:** No

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

LOVETT, W. RADFORD II  
ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202 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           MANAGING MEMBER  
Name           LOVETT, PHILIP H  
Address       1 INDEPENDENT DRIVE  
                  SUITE 1600  
City-State-Zip: JACKSONVILLE FL 32202

Title           MANAGING MEMBER  
Name           LOVETT II, WILLIAM R  
Address       1 INDEPDNENT DRIVE  
                  SUITE 1600  
City-State-Zip: JACKSONVILE 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:** WILLIAM R LOVETT II

**MANAGING MEMBER**

**01/10/2014**

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

\_\_\_\_\_  
Date