

2015 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: LOVETT II, WILLIAM R

MANAGING MEMBER

02/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date