

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061569

**Entity Name:** FRESHFIELDS JACKSONVILLE, LLC

**Current Principal Place of Business:**

5555 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32806

**Current Mailing Address:**

400 EAST COMPTON STREET  
ORLANDO, FL 32806

**FEI Number:** 45-5226361

**Certificate of Status Desired:** No

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

DELOACH, CARLA A. ESQ.  
1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803 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:** CARLA A. DELOACH, ESQ.

03/21/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DELOACH, DAVID B  
Address 5555 UNIVERSITY BLVD WEST  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name DELOACH, JACQUELYN H  
Address 5555 UNIVERSITY BLVD WEST  
City-State-Zip: JACKSONVILLE FL 32216

*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:** DAVID B. DELOACH

MANAGER

03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date