

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000061569

Entity Name: FRESHFIELDS JACKSONVILLE, LLC

Current Principal Place of Business:

5555 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32216

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.

03/12/2015

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

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date