

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000083864

**Entity Name:** 2156 SULLIVAN & CLIFFORD LLC

**Current Principal Place of Business:**

428 9TH AVE N.  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

428 9TH AVE N.  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 46-0543724

**Certificate of Status Desired:** No

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

SULLIVAN, COLE J  
428 9TH AVE N.  
JACKSONVILLE BEACH, FL 32250 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	MGRM	Title	MGRM
Name	SULLIVAN, KEVIN J	Name	CLIFFORD, SABRINA M
Address	P.O. BOX 21196	Address	P.O. BOX 21196
City-State-Zip:	SPOKANE WA 99201	City-State-Zip:	SPOKANE WA 99201
Title	MGR		
Name	SULLIVAN, COLE J		
Address	5440 COPPEDGE AVE		
City-State-Zip:	JACKSONVILLE FL 32277		

*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:** COLE SULLIVAN

MR.

07/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date