

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152724

**Entity Name:** OFFICE FUNCTIONS,LLC

**Current Principal Place of Business:**

1857 WELLS RD.  
ORANGE PARK, FL 32073

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD.  
316  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-1513792

**Certificate of Status Desired:** No

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

BLITON, JANET  
9838 OLD BAYMEADOWS RD. #316  
JACKSONVILLE, FL 32256 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 MGR  
Name BLITON, JANET  
Address 9838 OLD BAYMEADOWS RD. 3316  
City-State-Zip: JACKSONVILLE FL 32256

*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:** BLITON, JANET

**MANAGER**

**04/30/2015**

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

\_\_\_\_\_  
Date