

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000034491

**Entity Name:** 4123 DD, LLC

**Current Principal Place of Business:**

4339 ROOSEVELT BLVD., STE 400  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO 41123  
JACKSONVILLE, FL 32203

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MORRIS, WILLIAM H  
4339 ROOSEVELT BLVD., STE 400  
JACKSONVILLE, FL 32210 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  
Name MORRIS, WILLIAM H  
Address PO 41123  
City-State-Zip: JACKSONVILLE FL 32203

Title MGR  
Name HARBISON, STUART  
Address PO 41123  
City-State-Zip: JACKSONVILLE FL 32203

Title MGR  
Name ESTES, JANE  
Address PO 41123  
City-State-Zip: JACKSONVILLE FL 32203

*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:** WILLIAM H. MORRIS

CEO

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date