

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000053873

**Entity Name:** JAX BEACH COTTAGES MANAGEMENT, LLC

**Current Principal Place of Business:**

4385 TRADEWINDS DR.  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

4385 TRADEWINDS DR.  
JACKSONVILLE, FL 32250

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JASON , SESSIONS R  
4385 TRADEWINDS DR.  
JACKSONVILLE, 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:** JASON SESSIONS

01/13/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SESSIONS, JASON R  
Address 4385 TRADEWINDS DR.  
City-State-Zip: JACKSONVILLE FL 32250

*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:** JASON SESSIONS

MGR

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date