

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000050725

Entity Name: 121 NORTH, LLC**Current Principal Place of Business:**1844 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**Current Mailing Address:**1844 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US**FEI Number:** 46-5223008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DYAL, HOWARD M
1844 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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 DYAL, HOWARD M
Address 1844 ATLANTIC BLVD.
City-State-Zip: JACKSONVILLE FL 32207

Title MGR
Name PITMAN, DONALD D
Address 1844 ATLANTIC BLVD.
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name DYALAND, LLC
Address 1844 ATLANTIC BLVD.
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name ANTHONY, VICTOR W
Address 134 SHADOW LAKE DR
City-State-Zip: WAUPACA WI 54981

Title AMBR
Name DONALD D. PITMAN, TRUSTEE OF
DONALD D. PITMAN REVOCABLE
LIVING TRUST
Address 4923 RIVER POINT RD
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR
Name MATTHEW E. PITMAN AND MELONEY
L. PITMAN, TENANT BY ENTIRETY
Address 1434 SUN MARSH DR
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR
Name KEVIN DRISCOLL AND CATHERINE
DRISCOLL, TENANTS BY THE
ENTIRETY
Address 8175 SUMMIT RIDGE LANE
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name PETUNIA LLC
Address PO BOX 1190
City-State-Zip: CAPARRA HEIGHTS STATION

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: HOWARD M DYAL

MGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date