

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000055770

**Entity Name:** CHSW MARINE, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
1620  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
1620  
JACKSONVILLE, FL 32202

**FEI Number:** 46-5292832

**Certificate of Status Desired:** No

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

THERESA BENNETT PLLC  
500 SE 17TH STREET  
SUITE 323  
FORT LAUDERDALE, FL 33316 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 CLEMENTS, ROBERT M  
Address ONE INDEPENDENT DRIVE, SUITE  
1620  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name HOWELL, WILLIAM R II  
Address ONE INDEPENDENT DRIVE, SUITE  
1620  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name WALTON, WILLIAM H III  
Address ONE INDEPENDENT DRIVE, SUITE  
1620  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name SINGLETARY, W R  
Address ONE INDEPENDENT DRIVE, SUITE  
1620  
City-State-Zip: JACKSONVILLE FL 32202

*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:** W. R. SINGLETARY

MGR

06/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date