## 2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000063550

Entity Name: 9736 LILY ROAD, LLC

**Current Principal Place of Business:** 

9736 LILY ROAD

JACKSONVILLE, FL 32246

**Current Mailing Address:** 

9736 LILY ROAD

JACKSONVILLE, FL 32246

FEI Number: 46-5424409 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JORGENSEN, MIKE 11250 ST. AUGUSTINE ROAD #15353 JACKSONVILLE, FL 32257 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: MIKE JORGENSEN 10/14/2016

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title **MANAGER** 

WISSLER. ARTHUR J TRUSTEE CRAWFORD, NANCY MANAGER Name Name

Address 9736 LILY ROAD Address 9736 LILY ROAD

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

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: NANCY CRAWFORD **MANAGER** Electronic Signature of Signing Authorized Person(s) Detail

**FILED** Oct 14, 2016

**Secretary of State** 

CR4493274959

10/14/2016 Date