

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000120651

**Entity Name:** 6115 ARLINGTON EXPRESSWAY, LLC

**Current Principal Place of Business:**

6115 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

6115 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**FEI Number:** 81-1388690

**Certificate of Status Desired:** No

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

MCMENAMY, WILLIAM B  
245 RIVERSIDE AVENUE  
SUITE 450  
JACKSONVILLE, FL 32202 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:** WILLIAM B. MCMENAMY

02/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name STONER, LYNN W TRUSTEE  
Address 6115 ARLINGTON EXPRESSWAY  
City-State-Zip: JACKSONVILLE FL 32211

Title AMBR  
Name STONER, CONNIE CHANCELLOR  
TRUSTEE  
Address 13770 PLEASANT VALLEY DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title AMBR  
Name CONNIE CHANCELLOR STONER  
LIVING TRUST DATED 06/11/96  
Address 13770 PLEASANT VALLEY DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

*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 B. MCMENAMY

**REGISTERED AGENT**

02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date