

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000122997

Entity Name: JONATHAN COMPAAN, LLC

Current Principal Place of Business:

8570 CANTON DRIVE
JACKSONVILLE, FL 32221

Current Mailing Address:

PO BOX 37183
JACKSONVILLE, FL 32236 US

FEI Number: 47-1537883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPAAN, JONATHAN
8570 CANTON DRIVE
JACKSONVILLE, FL 32221 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 AMBR
Name COMPAAN, JONATHAN
Address 8570 CANTON DRIVE
City-State-Zip: JACKSONVILLE FL 32221

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: JONATHAN COMPAAN

AMBR

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date