

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137271

**Entity Name:** 10370 TRIPLE CROWN AVENUE LLC

**Current Principal Place of Business:**

12135 BACKWIND DRIVE  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

12135 BACKWIND DRIVE  
JACKSONVILLE, FL 32258

**FEI Number:** 47-1731128

**Certificate of Status Desired:** No

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

JORGENSEN, MIKE  
2318 PARK STREET  
JACKSONVILLE, FL 32204 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 ANIEL, LORENZO D TRUSTEE  
Address 12135 BACKWIND DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

Title AMBR  
Name ANIEL, RIZALITA L TRUSTEE  
Address 12135 BACKWIND DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

*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:** LORENZO D ANIEL

**CHAIRMAN**

**02/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date