# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000160489

#### Entity Name: SAN JUAN RETIREMENT LLC

### Current Principal Place of Business:

6561 SAN JUAN AVENUE JACKSONVILLE, FL 32210

#### **Current Mailing Address:**

P O BOX 37523 JACKSONVILLE, FL 32236 US

# FEI Number: 47-2225905

### Name and Address of Current Registered Agent:

TINGLE, BEN 6561 SAN JUAN AVENUE JACKSONVILLE, FL 32210 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

# Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	TINGLE, BEN	Name	HATLEY, RHONDA
Address	6561 SAN JUAN AVENUE	Address	5400 WATER OAK LANE UNIT 105
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

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: RHONDA HATLEY

MEMBER

02/22/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 22, 2018 Secretary of State CC2785895509

Date

Certificate of Status Desired: No