# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000164235

Entity Name: 1901 WINDJAMMER, LLC

# **Current Principal Place of Business:**

1901 WINDJAMMER LANE ST. AUGUSTINE, FL 32084

### **Current Mailing Address:**

PO BOX 3599 PONTE VEDRA BEACH, FL 32004-3599 US

# FEI Number: 47-2135513

# Name and Address of Current Registered Agent:

SMITH, SARA S 4600 MIDDLETON PARK CIRCLE EAST #D245 JACKSONVILLE, FL 32224 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	MGR
Name	SMITH, SARA S	Name	JONES, CRAIG
Address	4600 MIDDLETON PARK CIRCLE EAST	Address	436 CLEARWATER DRIVE
City Ctata Zin	#D245	City-State-Zip:	PONTE VEDRA BEACH FL 32082
City-State-Zip:	JACKSONVILLE FL 32224		
Title	MGR		
Title Name	MGR JONES, LIESEL		

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: LIESEL JONES

MANAGER

# 03/13/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 13, 2016 Secretary of State CC2141789409

Certificate of Status Desired: No