2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195413

Entity Name: 919 OB LLC

Current Principal Place of Business:

919 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303

Current Mailing Address:

565 FRANK SHAW ROAD
TALLAHASSEE, FL 32312 US

FEI Number: 81-0999891

FILED
Jan 06, 2016
Secretary of State
CC3249030040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRAPER, LONNIE
565 FRANK SHAW ROAD
TALLAHASSEE, FL 32312 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	MGR	Title	AR
Name	DRAPER, LONNIE	Name	DRAPER, BRENDAN
Address	565 FRANK SHAW ROAD	Address	565 FRANK SHAW ROAD
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312

Title	AR
Name	BARNETT, KATHLEEN
Address	565 FRANK SHAW ROAD
City-State-Zip:	TALLAHASSEE FL 32312

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: LONNIE DRAPER MM 01/06/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date