

**2017 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

**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  
Name DRAPER, LONNIE  
Address 565 FRANK SHAW ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title AR  
Name DRAPER, BRENDAN  
Address 565 FRANK SHAW ROAD  
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

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date