2019 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:

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920 CENTRAL ST

TALLAHASSEE, FL 32308 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

FILED Jan 05, 2019

Secretary of State

4008452823CC

Authorized Person(s) Detail:

Title AR Title MRG

NameDRAPER, LONNIENameDRAPER, BRENDANAddress565 FRANK SHAW ROADAddress920 CENTRAL ST

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32308

Title AR

Name JUSTIN, MAGIERA

Address 1208 MACOMB STREET
City-State-Zip: TALLAHASSEE FL 32303

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.

RA

SIGNATURE: LONNIE DRAPER

Electronic Signature of Signing Authorized Person(s) Detail

01/05/2019 Date