

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000055966

**Entity Name:** 2062 AND 2072 ST. JOHNS BLUFF ROAD, LLC

**Current Principal Place of Business:**

8021 OAK HAMMOCK CT.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8021 OAK HAMMOCK CT.  
JACKSONVILLE, FL 32256

**FEI Number:** 47-3647013

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WATSON, JEFFREY T  
12058 SAN JOSE BOULEVARD  
SUITE 401  
JACKSONVILLE, FL 32223 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 POWERS, RONALD B SR.  
Address 8021 OAK HAMMOCK CT.  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name POWERS, JUDY W  
Address 8021 OAK HAMMOCK COURT  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JUDY POWERS

MGR

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date