

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000147801

**Entity Name:** 4319 PATHWOOD WAY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

4319 PATHWOOD WAY  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4319 PATHWOOD WAY  
JACKSONVILLE, FL 32257 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LIUBA, STEFAN  
4319 PATHWOOD WAY  
JACKSONVILLE, FL 32257 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            AMBR  
Name            LIUBA, STEFAN  
Address        4319 PATHWOOD WAY  
City-State-Zip: JACKSONVILLE FL 32257

Title            AUTHORIZED MEMBER  
Name            GALVAN, DARIO  
Address        4319 PATHWOOD WAY  
City-State-Zip: JACKSONVILLE FL 32257

*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:** STEFAN LIUBA

**MANAGER**

**08/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date