

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000158326

**Entity Name:** SAINT AUGUSTINE TRANSFORMATIONS LLC

**Current Principal Place of Business:**

4607 US HWY 17  
SUITE 2  
JACKSONVILLE, FL 32003

**Current Mailing Address:**

PO BOX 24556  
JACKSONVILLE, FL 32241 US

**FEI Number:** 35-2541901

**Certificate of Status Desired:** No

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

FOSS, RAFAEL  
4607 US HWY 17  
SUITE 2  
JACKSONVILLE, FL 32003 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:** RAFAEL FOSS

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	GRAND, JESSE R	Name	FOSS, RAFAEL
Address	3111 45TH STREET SUITE 4&5	Address	PO BOX 24556
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	JACKSONVILLE FL 32241

*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:** RAFAEL FOSS

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date