

2016 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

09/15/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GRAND, JESSE R
Address 3111 45TH STREET
SUITE 4&5
City-State-Zip: WEST PALM BEACH FL 33407

Title MANAGER
Name FOSS, RAFAEL
Address PO BOX 24556
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

09/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date