## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000179532

Entity Name: 2358 SW SANTA FE DRIVE LLC

## **Current Principal Place of Business:**

2358 SW SANTA FE DRIVE FORT WHITE, FL 32038

## **Current Mailing Address:**

1574 WATERS EDGE DRIVE FLEMING ISLAND, FL 32003 US

# FEI Number: 81-1455171

### Name and Address of Current Registered Agent:

PROCTOR, JAMES D 1574 WATERS EDGE DRIVE FLEMING ISLAND, FL 32003 US Jan 19, 2017 Secretary of State CC3514796936

Date

FILED

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PARRISH, GINA L	Name	PARRISH, VANN A
Address	3939 CEDAR ISLAND ROAD EAST	Address	4112 TIDEVIEW DRIVE
City-State-Zip:	JACKSONVILLE FL 32250	City-State-Zip:	JACKSONVILLE FL 32250
Title	MGR	Title	MGR
Name	PARRISH, SUSAN E	Name	PROCTOR, ANNA MARIA
Address	112 SEAGRAPE DRIVE	Address	1574 WATERS EDGE DRIVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	FLEMING ISLAND FL 32003
Title	MGR	Title	MGR
Name	PROCTOR, JAMES D	Name	PARRISH, NICHOLAS ARLON
Address	1574 WATERS EDGE DRIVE	Address	112 SEAGRAPE DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003	City-State-Zip:	JACKSONVILLE, BEACH FL 32250

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: NICHOLAS ARLON PARRISH

MGR

Electronic Signature of Signing Authorized Person(s) Detail

Date