

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000008503

**Entity Name:** B2 MISSION, LLC

**Current Principal Place of Business:**

25 NORTH MARKET STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

25 NORTH MARKET STREET  
JACKSONVILLE, FL 32202 US

**FEI Number:** 81-1158791

**Certificate of Status Desired:** No

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

HILL, ALEXANDRIA V ESQ  
25 NORTH MARKET STREET  
JACKSONVILLE, FL 32202 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	Title	AUTHORIZED REPRESENTATIVE
Name	MOORE, SCOTT	Name	EVANS, SAMUEL GUSTUS
Address	25 NORTH MARKET STREET	Address	25 NORTH MARKET STREET
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

Title AUTHORIZED REPRESENTATIVE  
 Name SEARS, HENRY CHRIS  
 Address 25 NORTH MARKET STREET  
 City-State-Zip: JACKSONVILLE FL 32202

*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:** SCOTT MOORE

**MANAGER**

**03/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date