

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000013060

**Entity Name:** 569 EAS, LLC

**Current Principal Place of Business:**

5711 RICHARD STREET  
SUITE 1  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5711 RICHARD STREET  
SUITE 1  
JACKSONVILLE, FL 32216

**FEI Number:** 81-1317931

**Certificate of Status Desired:** No

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

FUNK, CARTER T  
5711 RICHARD ST  
SUITE 1  
JACKSONVILLE, FL 32216 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	AP	Title	MGR
Name	FUNK, CHRIS K	Name	FCRIF ASSET MANAGEMENT LLC
Address	5711 RICHARD STREET, SUITE 1	Address	5711 RICHARD STREET, SUITE 1
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

*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:** CHRIS FUNK

**MANAGER**

**03/30/2021**

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

\_\_\_\_\_  
Date