

2017 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 | CHRIS, FUNK 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

MANAGING MEMBER

02/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date