

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000029253

Entity Name: THIRD LEG 1 LLC

Current Principal Place of Business:

6550 ST AUGUSTINE RD, SUITE 304
JACKSONVILLE, FL 32217

Current Mailing Address:

PO BOX 10986
JACKSONVILLE, FL 32217 US

FEI Number: 81-1969791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIZEMORE, MARK F
6550 ST AUGUSTINE RD, SUITE 304
JACKSONVILLE, FL 32217 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
Name DICKSON, ATHOL A
Address PO BOX 10986
City-State-Zip: JACKSONVILLE FL 32247

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: ATHOL DICKSON

MGR

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date