

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000037371

**Entity Name:** TMT JAX, LLC

**Current Principal Place of Business:**

9450 PHILIPS HWY  
STE 1  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 56345  
JACKSONVILLE , FL 32241 US

**FEI Number:** 81-1575790

**Certificate of Status Desired:** No

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

COOK, KEVIN  
818 A1A N  
STE 208  
PONTE VEDRA, FL 32082 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:** KEVIN COOK

02/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOLDEN, MARK A  
Address 7445 ASHLAND LANE  
City-State-Zip: VESTAVIA HILLS AL 35242

Title AUTHORIZED MEMBER  
Name MASON , STEPHEN  
Address 9450 PHILIPS HWY  
STE 1  
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER  
Name KING, JEREMY  
Address 9450 PHILIPS HWY  
STE 1  
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER  
Name RUFFING , PETER  
Address 9450 PHILIPS HWY  
STE 1  
City-State-Zip: JACKSONVILLE FL 32256

*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:** PETER RUFFING

MEMBER

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date