

2018 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:

KING, JEREMY K
9450 PHILIPS HWY
STE 1
JACKSONVILLE, FL 32256 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: JEREMY KING

01/25/2018

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: JEREMY KING

AUTHORIZED MEMBER

01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date