

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000124037

**Entity Name:** JACKSONVILLE PARTNERS LLC

**Current Principal Place of Business:**

29 LECOUNT PLACE  
NEW ROCHELLE, NY 10801

**Current Mailing Address:**

PO BOX 641  
NEW ROCHELLE, NY 10802

**FEI Number: 36-4841360**

**Certificate of Status Desired: Yes**

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD7 STE 106  
DAVIE, FL 33314 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 MEMBER  
Name GETLAN, RONALD  
Address PO BOX 641  
City-State-Zip: NEW ROCHELLE NY 10802

*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: RONALD GETLAN**

**MEMBER**

**03/02/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date