

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000144281

**Entity Name:** MAHAFFEY ASSOCIATES JACKSONVILLE, LLC

**Current Principal Place of Business:**

731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792

**Current Mailing Address:**

731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792

**FEI Number: 81-3715311**

**Certificate of Status Desired: Yes**

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

MAHAFFEY, WILLIAM H  
731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792 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 MAHAFFEY, WILLIAM H  
Address 731 JAMESTOWN DRIVE  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name MAHAFFEY, M. THOMAS JR  
Address 147 2ND AVENUE SOUTH, SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name ESTERLINE, DANIEL M  
Address 147 2ND AVENUE SOUTH, SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name GRAY, SUZANNE  
Address 147 2ND AVENUE SOUTH, SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name FERGUSON, JANE  
Address 147 2ND AVENUE SOUTH, SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33701

*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: WILLIAM H MAHAFFEY**

**MANAGER**

**02/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date