

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214615

**Entity Name:** 1622 HICKMAN, LLC

**Current Principal Place of Business:**

1622 HICKMAN ROAD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P.O. BOX 350909  
JACKSONVILLE, FL 32235 US

**FEI Number:** 81-4547257

**Certificate of Status Desired:** No

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

WHITE, KELLY  
4210 LEEWARD POINT  
JACKSONVILLE, FL 32225 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 WHITE, KELLY  
Address 1622 HICKMAN ROAD  
City-State-Zip: JACKSONVILLE FL 32216

*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:** KELLY WHITE

**MANAGER**

**02/05/2019**

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

\_\_\_\_\_  
Date