## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000233049

Entity Name: GARDNER OF FLORIDA, LLC

## Current Principal Place of Business:

12740 KENAN DR #100 #4 JACKSONVILLE, FL 32258

## **Current Mailing Address:**

3641 INTERCHANGE RD COLUMBUS, OH 43204 US

# FEI Number: 59-3411122

### Name and Address of Current Registered Agent:

CLARY, MARY BETH M 9132 STRADA PL THIRD FLOOR NAPLES, FL 34108-2683 US Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

| Title           | AMBR                      | Title           | AMBR                |
|-----------------|---------------------------|-----------------|---------------------|
| Name            | FINN GONZALEZ, JENNIFER C | Name            | FINN, JOHN T        |
| Address         | 3641 INTERCHANGE RD       | Address         | 3641 INTERCHANGE RD |
| City-State-Zip: | COLUMBUS OH 43204         | City-State-Zip: | COLUMBUS OH 43204   |
|                 |                           | Tide            |                     |
| Title           | AMBR                      | Title           | AMBR                |
| Name            | FINN CALL, MARY KATHERINE | Name            | FINN, MATTHEW J     |
| Address         | 3641 INTERCHANGE RD       | Address         | 3641 INTERCHANGE RD |
| City-State-Zip: | COLUMBUS OH 43204         | City-State-Zip: | COLUMBUS OH 43204   |
|                 |                           |                 |                     |
| Title           | AMBR                      |                 |                     |
| Name            | FINN, PATRICK M           |                 |                     |
| Address         | 3641 INTERCHANGE RD       |                 |                     |
| City-State-Zip: | COLUMBUS OH 43204         |                 |                     |

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: JOHN T FINN

CEO

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 21, 2017 Secretary of State CC3568180185