2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2018
Secretary of State
CC0641900555

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Entity Name: N8006M, LLC

Current Principal Place of Business:

3023 SHADY DRIVE
JACKSONVILLE, FL 32257

Current Mailing Address:

3023 SHADY DRIVE
JACKSONVILLE, FL 32257 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUHRS, JOHN A
4453 SAINT JOHNS AVENUE
JACKSONVILLE, FL 32210 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	GRADZKI, KACPER
Address	855-5 SAINT JOHNS BLUFF RD. N., HNGR 1
City-State-Zip:	JACKSONVILLE FL 32225

Title	MGR
Name	KENT, WILLIAM M
Address	855-5 SAINT JOHNS BLUFF RD. N., HNGR 1
City-State-Zip:	JACKSONVILLE FL 32225

Title	MGR
Name	MEADOWS, BILLY J
Address	3023 SHADY DRIVE
City-State-Zip:	JACKSONVILLE FL 32257

Title	AMBR
Name	GRADZKI, KACPER
Address	855-5 SAINT JOHNS BLUFF RD. N., HNGR 1
City-State-Zip:	JACKSONVILLE FL 32225

Title	AMBR
Name	KENT, WILLIAM M
Address	855-5 SAINT JOHNS BLUFF RD. N., HNGR 1
City-State-Zip:	JACKSONVILLE FL 32225

Title	AMBR
Name	MEADOWS, BILLY J
Address	3023 SHADY DRIVE
City-State-Zip:	JACKSONVILLE FL 32257

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: BILLY MEADOWS MGR 03/18/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date