

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000091309

**Entity Name:** 5045 PALMER AVE - JACKSONVILLE, LLC

**Current Principal Place of Business:**

3495 5TH AVE N  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

PO BOX 8099  
TAMPA, FL 33674 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BEAUGENDRE, FRANCK  
3495 5TH AVE N  
ST. PETERSBURG, FL 33713 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 ESRA OF FLORIDA, LLC  
Address 3495 5TH AVE N  
City-State-Zip: ST. PETERSBURG FL 33713

*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:** FRANCK BEAUGENDRE

MGR OF ESRA

04/27/2018

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

\_\_\_\_\_ Date