

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000135640

**Entity Name:** 6112 FISHHAWK CROSSING BOULEVARD, LLC

**Current Principal Place of Business:**

6708 STAFFORD ROAD  
PLANT CITY, FL 33565

**Current Mailing Address:**

6708 STAFFORD ROAD  
PLANT CITY, FL 33565 US

**FEI Number:** 82-4888189

**Certificate of Status Desired:** No

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

FOX JONES, JULIE  
6708 STAFFORD ROAD  
PLANT CITY, FL 33565 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	Title	AMBR
Name	JONES, MICHAEL A	Name	FOX JONES, JULIE
Address	6708 STAFFORD ROAD	Address	6708 STAFFORD ROAD
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565

*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:** JULIE FOX JONES

**AUTHORIZED MEMBER**

**03/22/2018**

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

\_\_\_\_\_  
Date