

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000254402

Entity Name: 15 S ROSCOE, LLC

Current Principal Place of Business:

415 PABLO AVENUE, SUITE 200
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

415 PABLO AVENUE, SUITE 200
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 83-2649095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROSHELL, BENJAMIN
504 1ST AVE S
JACKSONVILLE BEACH, FL 32250 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 MGRM
Name GROSHELL, BENJAMIN
Address 504 1ST AVE S
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AMBR
Name GROSHELL, LISA M
Address 504 1ST AVE S
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AMBR
Name GRAY, JAMES A
Address 415 PABLO AVE, SUITE 200
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AMBR
Name FAVER, WILLIAM K
Address 415 PABLO AVE, SUITE 200
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: JAMES A GRAY

AMBR

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date