

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000275844

**Entity Name:** BRIGHT BAY HOLDINGS JACKSONVILLE LLC

**Current Principal Place of Business:**

11379 MOTOR YACHT DR N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11379 MOTOR YACHT DR N  
JACKSONVILLE, FL 32225

**FEI Number:** 84-3726573

**Certificate of Status Desired:** Yes

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

ANDERSON, SARAH N  
11379 MOTOR YACHT DR. N  
JACKSONVILLE, FL 32225 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, AUTHORIZED REPRESENTATIVE, AUTHORIZED MEMBER  
Name ANDERSON, SARAH N  
Address 11379 MOTOR YACHT DR. N  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE  
Name ANDERSON, SCOTT C  
Address 11379 MOTOR YACHT DR. N.  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE  
Name ANDERSON, LUKE SCOTT  
Address 11379 MOTOR YACHT DR N  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name ANDERSON, WADE THOMAS  
Address 11379 MOTOR YACHT DR N  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name ANDERSON, CAITLIN ELIZABETH  
Address 2125 BRIGHTON BAY TRAIL  
City-State-Zip: JACKSONVILLE FL 32246

*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:** SARAH N ANDERSON

**MGR**

**03/19/2020**

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

\_\_\_\_\_  
Date