2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100000902

Entity Name: AVAILITY, L.L.C.

Current Principal Place of Business:

10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE, FL 32256

Current Mailing Address:

10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE, FL 32256

FEI Number: 59-3715944

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	LERER, RENE	Name	CHRIS, HUNTER
Address	10752 DEERWOOD PARK BLVD S SUITE 110	Address	10752 DEERWOOD PARK BLVD S SUITE 110
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	MANAGER	Title	MANAGER
Name	JESSER, JOHN	Name	FRANKLIN, EARNIE
Address	10752 DEERWOOD PARK BLVD S SUITE 110	Address	10752 DEERWOOD PARK BLVD S SUITE 110
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	MANAGER	Title	CORPORATE SECRETARY
Title Name	MANAGER MCDONALD, CARL	Title Name	CORPORATE SECRETARY LINDGREN, KARIN
Name	MCDONALD, CARL 10752 DEERWOOD PARK BLVD S SUITE 110	Name	LINDGREN, KARIN 10752 DEERWOOD PARK BLVD S SUITE 110
Name Address City-State-Zip:	MCDONALD, CARL 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256	Name Address City-State-Zip:	LINDGREN, KARIN 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256
Name Address	MCDONALD, CARL 10752 DEERWOOD PARK BLVD S SUITE 110	Name Address	LINDGREN, KARIN 10752 DEERWOOD PARK BLVD S SUITE 110
Name Address City-State-Zip:	MCDONALD, CARL 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256	Name Address City-State-Zip:	LINDGREN, KARIN 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256
Name Address City-State-Zip: Title	MCDONALD, CARL 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256 CFO/TREASURER	Name Address City-State-Zip: Title	LINDGREN, KARIN 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256 MANAGER
Name Address City-State-Zip: Title Name	MCDONALD, CARL 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256 CFO/TREASURER EASTMAN, NATE 10752 DEERWOOD PARK BLVD S SUITE 110	Name Address City-State-Zip: Title Name	LINDGREN, KARIN 10752 DEERWOOD PARK BLVD S SUITE 110 JACKSONVILLE FL 32256 MANAGER BETTS, STEVE 10752 DEERWOOD PARK BLVD S SUITE 110

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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: NATE EASTMAN

CFO/TREASURER

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 18, 2016 Secretary of State CC5191303417

Certificate of Status Desired: Yes

Date

Authorized Person(s) Detail Continued :

Title	MANAGER	Title	MANAGER
Name	DIVITA, CHUCK	Name	GANI, AARON
Address	10752 DEERWOOD PARK BLVD S SUITE 110	Address	10752 DEERWOOD PARK BLVD S SUITE 110
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	MANAGER	Title	CEO
Title Name	MANAGER SKEEN, TIM	Title Name	CEO THOMAS, RUSS