

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005155

Entity Name: JACKSONVILLE JAGUARS, LLC**Current Principal Place of Business:**1 TIAA BANK FIELD DRIVE
JACKSONVILLE, FL 32202**Current Mailing Address:**1 TIAA BANK FIELD DRIVE
JACKSONVILLE, FL 32202 US**FEI Number:** 27-1805561**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name KHAN, SHAHID R.
Address 4101 GULF SHORE BLVD NORTH PH
#1
City-State-Zip: NAPLES FL 34103-2911

Title MEMBER
Name THE SHAHID RAFIQ KHAN 2012
TRUST AGREEMENT F/B/O ANTONY
RAFIQ KHAN, DATED OCTOBER 11,
2012
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN ESBT
FAMILY TRUST FOR THE BENEFIT OF
ANTONY RAFIQ KHAN, DATED
SEPTEMBER 18, 1995
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN ESBT
FAMILY TRUST FOR THE BENEFIT OF
SHANNA KHAN, DATED SEPTEMBER
18, 1995
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title AUTHORIZED PERSON
Name PAREKH, MEGHA
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN 2012
TRUST AGREEMENT F/B/O SHANNA
KHAN, DATED OCTOBER 11, 2012
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name THE SHAHID RAFIQ KHAN LIVING
TRUST, DATED JULY 14, 1988, AS
AMENDED
Address 1 TIAA BANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

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: MEGHA PAREKH**AUTHORIZED PERSON****02/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date