## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000000925

Entity Name: PF FORT CAROLINE, LLC

**Current Principal Place of Business:** 

6060 FORT CAROLINE RD. JACKSONVILLE, FL 32277

**Current Mailing Address:** 

P.O. BOX 4007

PORTSMOUTH, NH 03802

FEI Number: 35-2458101 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSON P 50 N. LAURA ST.

**SUITE 2750** JACKSONVILLE, FL 32202 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

**FILED** Feb 27, 2015

**Secretary of State** 

CC8867157881

Authorized Person(s) Detail:

Title **OWNR** Title **OWNR** 

FREGEAU, PETER Name MURRAY, MICHAEL Name

Address 17 THAXTER RD. Address 1177 SAGAMORE RD. #2 PORTSMOUTH NH 03801 City-State-Zip: City-State-Zip: PORTSMOUTH NH 03801

Title **OWNR** 

Name PAPPAS, BRYAN Address 2 BRACKEH LN

City-State-Zip: PORTSMOUTH NH 03801

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: MICHAEL MURRAY

Electronic Signature of Signing Authorized Person(s) Detail

**CO-OWNER** 

02/27/2015

Date