

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000925

**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:**

GAMESTER, COLBY T ESQ.  
144 WASHINGTON ST.  
PORTSMOUTH, FL 03801 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:** COLBY T. GAMESTER

08/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            MURRAY, MICHAEL  
Address        17 THAXTER RD.  
City-State-Zip: PORTSMOUTH NH 03801

Title            OWNER  
Name            FREGEAU, PETER  
Address        1177 SAGAMORE RD. #2  
City-State-Zip: PORTSMOUTH NH 03801

Title            OWNER  
Name            PAPPAS, BRYAN  
Address        2 BRACKEH LN  
City-State-Zip: PORTSMOUTH NH 03801

Title            AUTHORIZED REPRESENTATIVE  
Name            HERLIHY, JOSEPH  
Address        601 SOUTH PONCE DE LEON BLVD  
                  B  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** JOSEPH HERLIHY

**AUTHORIZED  
REPRESENTATIVE**

08/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date