

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000985

Entity Name: FLORIDA NETWORK LLC**Current Principal Place of Business:**4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216**Current Mailing Address:**4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216**FEI Number:** 59-3584700**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
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

Authorized Person(s) Detail :

Title PCEO
Name SHERRER, LINDA H
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216

Title EVP
Name HOLLAND BUDNICK, CHRISTY
Address 4190 BELFORT RD., SUITE 475
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name SCALF, CHRISTINE N
Address 130 LIGE BRANCH LANE
City-State-Zip: JACKSONVILLE FL 32259

Title MANAGER
Name CLINE, DONALD L
Address 12834 BIGGIN CHURCH RD S
City-State-Zip: JACKSONVILLE FL 32224

Title MANAGER
Name KING, ANN C
Address 300 VIEW POINT PLACE
City-State-Zip: ST. AUGUSTINE FL 32080

Title MANAGER
Name WILLSON, SHERON D
Address 3893 ARDEN ST
City-State-Zip: JACKSONVILLE FL 32205

Title MANAGER
Name BENSON, LINDA B
Address 10481 WELLINGTON SPRINGS WAY
City-State-Zip: JACKSONVILLE FL 32221

Title MANAGER
Name WAUGAMAN, KEVIN M
Address 2106 SE WILD MEADOW CIR
City-State-Zip: PORT SAINT LUCIE FL 34952

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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: LINDA SHERRER

OWNER/CEO

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	LINDENMOYER, LINDA R
Address	357 CHICASAW CT
City-State-Zip:	JACKSONVILLE FL 32259