

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000025946

Entity Name: FLI, LLC

**FILED**  
**Mar 28, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 201  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

2917 GRAND AVENUE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 201  
JACKSONVILLE, FL 32216

**New Mailing Address:**

2917 GRAND AVENUE  
JACKSONVILLE, FL 32210

FEI Number: 20-0129059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWEENEY, MICHAEL J MD, MBA  
2917 GRAND AVENUE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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: MICHAEL J. SWEENEY

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: SWEENEY, MICHAEL J MD, MBA  
Address: 2917 GRAND AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHAEL J. SWEENEY

MGR

03/28/2014

Electronic Signature of Authorized Person

Date