

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90020 041 ****50.00

DOCUMENT # L03000046321

1. Entity Name
BLK OF JACKSONVILLE, LLC



Principal Place of Business
**4003 OLD SAN PABLO ROAD SOUTH
JACKSONVILLE, FL 32224**

Mailing Address
**C/O RYAN AND MARKS ATTORNEYS, LLP
3000-8 HARTLEY ROAD
JACKSONVILLE, FL 32257**

24052310



2. Principal Place of Business
4003 Old San Pablo Rd. So.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.
Same

03042004 Chg-LLC CR2E083 (10/03)

City & State
JACKSONVILLE FL.

City & State
Same

Applied For
☒ Not Applicable

Zip
32224

Country
DUVAL

Zip
Same

Country
DUVAL

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, WILLIAM B JR.
3000-8 HARTLEY ROAD
JACKSONVILLE, FL 32217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KRYSPIN, BARRY
4003 OLD SAN PABLO ROAD SOUTH
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

14 APR 04 904 626-1354