

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022051

Entity Name: 4705 CAPITAL, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1725 MEMORIAL PARK DRIVE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

1725 MEMORIAL PARK DRIVE  
JACKSONVILLE, FL 32204 UN

**Current Mailing Address:**

1725 MEMORIAL PARK DRIVE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 26-2148307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRAZIER, W. ROBINSON  
1725 MEMORIAL PARK DRIVE  
JACKSONVILLE, FL 32204 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HICKS, DAVID M  
Address: 4705 ORTEGA BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR  
Name: HICKS, ANN C  
Address: 4705 ORTEGA BLVD.  
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 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: DAVID M. HICKS      MGR      01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date