

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001718

Entity Name: 13679 ATLANTIC BLVD, LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13679 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51267  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

FEI Number: 27-0463658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, JEREMIAH M  
13679 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225 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: MGRM  
Name: MORGAN, JEREMIAH M  
Address: 13679 ATLANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: MORGAN, ANTHONY L  
Address: 13679 ATLANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TRS  
Name: MORGAN, CLAIRE  
Address: 13679 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

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: CLAIRE MORGAN

TRS

04/11/2012

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