

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019100

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** NORTH JACKSONVILLE RENTALS, LLC

**Current Principal Place of Business:**

6005 POWERS AVE UNIT 110  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

503 TURNBERRY LN  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

6005 POWERS AVE UNIT 110  
JACKSONVILLE, FL 32217

**FEI Number:** 27-1952290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUNK, CARTER T  
503 TURNBERRY LANE  
ST AUGUSTINE, FL 32080 US

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

FUNK, CARTER T  
4045 CORDOVA AVE  
JACKSONVILLE, FL 32207 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:**

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FUNK, CARTER T  
**Address:** 4045 CORDOVA AVE  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** MGRM  
**Name:** FUNK, CHRISTOPHER K  
**Address:** 12700 BARTRAM PARK BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32258

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:** CARTER FUNK

MGRM

04/07/2011

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