					•	4		
DOCUMENT # L9900002041 1. Entity Name					FILED			
TEN BROECK JACKSONVILLE, LLC					01 MAY -3 PM 1: 14			
Principal Place of Business 603 MAIN STREET WINDERMERE FL 34786		Mailing Address 603 MAIN STREET WINDERMERE FL 34786			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State		4. FEI N	Number 59-3568978	. 	oplied For of Applicable	
Zip	Country	Zip	Country		ificate of Status Desired	\$5.00 Add Fee Require		
 _	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
BARKMAN, KEVIN 603 MAIN STREET WINDERMERE FL 34786			Ke Street 60	Address (P.O. Box Number is Not Acceptable). Main Street				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature				\$50.00	10004335681			
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/CHANG			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dizney, Donald R 603 Main Street Windermere Fl 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	603 MAIN	CAS - MGR				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLISH, JAMES E 603 MAIN STREET WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC - MGR ENGLISH, 603 MAIN	JAMES E.	∏ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	DP - MGR DIZNEY, D 603 MAIN	OAVID A. STREET	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS - MGR BARKMAN, 603 MAIN	STREET	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT - MGR	GREGORY R. STREET	☐ Change	🙀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP	WINDERMER	RE, FL 34786	Change	Addition	

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 OF SIGNATURE OF THE PRINTED NAME OF SIGNING MANAGING MEMBER, MA NAGER, OR AUTHORIZED REPRESENTATIVE

1.18.01 (407)876-2200

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Daytime Phone #