

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011460

**Entity Name:** 11290 MANDARIN, L.L.C.

**Current Principal Place of Business:**

11403 MOTOR YACHT DR. N.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11403 MOTOR YACHT DR. N.  
JACKSONVILLE, FL 32225 US

**FEI Number:** 56-2345858

**Certificate of Status Desired:** No

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

DESALVO, VINCENT F JR.  
11403 MOTOR YACHT DR. N.  
JACKSONVILLE, FL 32225 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:** VINCENT F. DESALVO, JR.

02/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GITTINGS, ROBERT L  
Address 840 S. EDGEWOOD AVE. SUITE 216  
City-State-Zip: JACKSONVILLE FL 32205

Title MGR  
Name DESALVO, VINCENT F  
Address 11403 N. MOTOR YACHT DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title MGR  
Name KUPPERMAN BROTHERS HOLDINGS, LLC  
Address 200 FIRST ST. SUITE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title JAMES H ANDREWS, JR. FAMILY TRUST  
Name ANDREWS, JOE A  
Address 4639 IROQUOIS AVE.  
City-State-Zip: JACKSONVILLE FL 32210

Title JAMES H ANDREWS, JR. FAMILY TRUST  
Name ANDREWS, JONATHAN H  
Address 1748 MAYVIEW RD.  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY DESALVO

MGR

02/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date