

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052260

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC3080532180**

**Entity Name:** EIGHTEENTH AVENUE, LLC

**Current Principal Place of Business:**

1900 SE 18TH AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

1900 SE 18TH AVENUE  
OCALA, FL 34471 US

**FEI Number:** 20-1406472

**Certificate of Status Desired:** No

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

CRIPPEN, JEFFERY P  
1900 SE 18TH AVENUE  
OCALA, FL 34471 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CRIPPEN, JEFFERY PMGRM  
Address 1900 SE 18TH AVENUE  
City-State-Zip: Ocala FL 34471

Title AMBR  
Name TORRES, MICHAEL A  
Address 1900 SE 18TH AVENUE  
City-State-Zip: Ocala FL 34471

Title AMBR  
Name KEEN, KEVIN T  
Address 1900 SE 18TH AVENUE  
City-State-Zip: Ocala FL 34471

*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:** JEFFERY P. CRIPPEN

MGRM

01/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date