

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041197

Entity Name: AARON'S JAX-ORLANDO, L.L.C.

Current Principal Place of Business:

10175 FORTUNE PARKWAY, SUITE 1005
JACKSONVILLE, FL 32256

Current Mailing Address:

10175 FORTUNE PARKWAY, SUITE 1005
JACKSONVILLE, FL 32256

FEI Number: 20-2743639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERFIELD, GARY D
10175 FORTUNE PARKWAY, SUITE 1005
JACKSONVILLE, FL 32256 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 MGR
Name OLD MOULTRIE, L.L.C.
Address 10175 FORTUNE PARKWAY, SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

Title PAS
Name SILVERFIELD, GARY D
Address 10175 FORTUNE PARKWAY, SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

Title VPAS
Name CRANFORD, JAMES A
Address 10175 FORTUNE PARKWAY, SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

Title VPS
Name BREEDING, HELEN
Address 10175 FORTUNE PARKWAY, SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

Title VPST
Name SILVERFIELD, LEED
Address 10175 FORTUNE PARKWAY, SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

Title VPAS
Name KAHN, BRAIN
Address 10175 FORTUNE PARKWAY, SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

Title VPAS
Name KAHN, DAVID
Address 10175 FORTUNE PARKWAY SUITE 1005
City-State-Zip: JACKSONVILLE FL 32256

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: GARY D SILVERFIELD

PRESIDENT

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date