2019 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 US

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 Title VP, ASST. SECRETARY, TREASURER

Name OLD MOULTRIE, L.L.C. Name SILVERFIELD, GARY D

Address 10175 FORTUNE PARKWAY Address 10175 FORTUNE PARKWAY

SUITE 1005 SUITE 1005

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title VPS Title PRESIDENT, ASST. SECRETARY

Name BREEDING, HELEN Name SILVERFIELD, LEED C.

Address 10175 FORTUNE PARKWAY Address 10175 FORTUNE PARKWAY

SUITE 1005 SUITE 1005

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title VPAS Title VPAS

Name KAHN, BRAIN Name KAHN, DAVID

Address 10175 FORTUNE PARKWAY Address 10175 FORTUNE PARKWAY

SUITE 1005 SUITE 1005

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

FILED Feb 15, 2019

Secretary of State

4859855237CC

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.