

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007688

**Entity Name:** INNERSPRING, LLC

**Current Principal Place of Business:**

1231 HUBBARD STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1231 HUBBARD ST  
JACKSONVILLE, FL 32206 US

**FEI Number:** 20-4155749

**Certificate of Status Desired:** No

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

BALKMAN, EMILIE D  
1231HUBBARD STREET  
JACKSONVILLE, FL 32206 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 BALKMAN, EMILIE D  
Address 1231 HUBBARD STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title MGR  
Name BALKMAN, BRIAN W  
Address 1231 HUBBARD STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title MGR  
Name DAVIS, ANTHONY L TRUSTEE BEE  
HAVEN TRUST  
Address 4655 ROCK QUARRY ROAD  
City-State-Zip: COLUMBIA MO 65201

Title MGR  
Name DAVIS, BARBARA A TRUSTEE BEE  
HAVEN TRUST  
Address 4655 ROCK QUARRY RD  
City-State-Zip: COLUMBIA MO 65201

*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:** EMILIE BALKMAN

**MGR**

**03/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date