

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000069637

**Entity Name:** 84 BRAYS ISLAND, LLC

**Current Principal Place of Business:**

2963 DUPONT AVENUE  
SUITE 2  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

2963 DUPONT AVENUE  
SUITE 2  
JACKSONVILLE, FL 32217

**FEI Number:** 20-5195431

**Certificate of Status Desired:** No

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

SKINNER, A. CHESTER III  
2963 DUPONT AVENUE  
SUITE 2  
JACKSONVILLE, FL 32217 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 SKINNER, A. CHESTER III  
Address 2963 DUPONT AVENUE  
City-State-Zip: JACKSONVILLE FL 32217

Title MGR  
Name SKINNER, JENIFER R  
Address 2963 DUPONT AVENUE  
City-State-Zip: JACKSONVILLE FL 32217

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** A. CHESTER SKINNER III

**MGR**

**04/16/2013**

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

\_\_\_\_\_  
Date