

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111039

**Entity Name:** SLD VENTURES LLC

**Current Principal Place of Business:**

16 LAMSON ST  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

P.O. BOX 16466  
JACKSONVILLE, FL 32245

**FEI Number:** 77-0666074

**Certificate of Status Desired:** No

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

KOVER, WILLIAM T  
16 LAMSON ST  
JACKSONVILLE, FL 32211 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 P  
Name KOVER, WILLIAM T  
Address PO BOX 16466  
City-State-Zip: JACKSONVILLE FL 32245

Title VP  
Name KOVER, WANDA J  
Address PO BOX 16466  
City-State-Zip: JACKSONVILLE FL 32245

*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:** WILLIAM T KOVER

**PRES**

**02/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date