

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066069

**Entity Name:** RONALD BRENT MOCK SR. LLC**Current Principal Place of Business:**396 LOLLY LANE  
ST JOHNS, FL 32259**Current Mailing Address:**396 LOLLY LANE  
ST JOHNS, FL 32259**FEI Number:** 26-0391501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOCK, RONALD B MR  
396 LOLLY LANE  
ST. JOHNS, FL 32259 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:** RONALD B. MOCK SR.

04/27/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :****Title** PRESIDENT, AUTHORIZED  
REPRESENTATIVE**Name** MOCK, RONALD B**Address** 396 LOLLY LANE**City-State-Zip:** ST JOHNS FL 32259**Title** CFO, AUTHORIZED  
REPRESENTATIVE**Name** MOCK, LINDA A**Address** 396 LOLLY LANE**City-State-Zip:** ST JOHNS FL 32259**Title** VP, AUTHORIZED REPRESENTATIVE**Name** MOCK, WESLEY A**Address** 202 MARGARET STREET**City-State-Zip:** NEPTUNE BEACH FL 32266**Title** MGR, AUTHORIZED MEMBER**Name** MOCK, WESLEY A**Address** 202 MARGARET ST**City-State-Zip:** NEPTUNE BEACH FL 32266**Title** MGR, AUTHORIZED MEMBER**Name** MOCK, LINDA A**Address** 396 LOLLY LANE**City-State-Zip:** ST JOHNS FL 32259

*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:** RONALD BRENT MOCK SR

PRESIDENT

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date