

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000085895

**Entity Name:** 443 AMECA AVENUE, L.L.C.

**Current Principal Place of Business:**

12463 ALADDIN RD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12463 ALADDIN RD  
JACKSONVILLE, FL 32223

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SIMPSON, ANDREA  
12463 ALADDIN RD  
JACKSONVILLE, FL 32223 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 SIMPSON, ANDREA  
Address 12463 ALADDIN RD  
City-State-Zip: JACKSONVILLE FL 32223

*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:** ANDREA SIMPSON

**PRESIDENT**

**03/02/2015**

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

\_\_\_\_\_  
Date