

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109524

Entity Name: TOWN CENTER CHOCOLATIERS LLC

Current Principal Place of Business:

4413 TOWN CENTER PARKWAY
SUITE 219
JACKSONVILLE, FL 32246

FILED
Apr 15, 2019
Secretary of State
1562430759CC

Current Mailing Address:

4413 TOWN CENTER PARKWAY
SUITE 219
JACKSONVILLE, FL 32246 US

FEI Number: 26-1323528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOYNER, JUSTIN
1873 RIVER RD.
JACKSONVILLE, FL 32207 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 SAMS, JACKLYN S
Address 4332 PINWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM
Name JOYNER, PAULA
Address 1334 LAKEWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM
Name JOYNER, JUSTIN
Address 1873 RIVER ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM
Name SAMS, CHRIS
Address 1873 RIVER ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM
Name SAMS, JACK
Address 9756 ORR COURTS NORTH
City-State-Zip: JACKSONVILLE FL 32246

Title MGRM
Name SAMS, SUSAN
Address 9756 ORR COURTS NORTH
City-State-Zip: JACKSONVILLE FL 32246

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: JACKLYN SAMS

OWNER

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date