

**2014 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

**Current Mailing Address:**

4413 TOWN CENTER PARKWAY  
SUITE 219  
JACKSONVILLE, FL 32246 US

**FEI Number:** 26-1323528

**Certificate of Status Desired:** Yes

**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 PINEWOOD 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

MGR

03/10/2014

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

\_\_\_\_\_ Date