

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090096

Entity Name: OXBRIDGE VENTURES COMPANY, L.L.C.**Current Principal Place of Business:**950 NORTH COLLIER BLVD. #400
P.O. BOX 1602
MARCO ISLAND, FL 34146**Current Mailing Address:**POST OFFICE BOX 1602
MARCO ISLAND, FL 34146**FEI Number:** 26-4677054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEANNETTE K. PATTERSON,P.A.
950 NORTH COLLIER BLVD. #400
P.O. BOX 1602
MARCO ISLAND, FL 34146 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:** S. JEANNETTE K. PATTERSON**02/27/2019**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	KIRSCHNER, JOHN F
Address	POST OFFICE BOX 1602
City-State-Zip:	MARCO ISLAND FL 34146

Title	MGRM
Name	PATTERSON, TTEE, S. JEANNETTE K.
Address	POST OFFICE BOX 1602
City-State-Zip:	MARCO ISLAND FL 34146

Title	MGRM
Name	PATTERSON, III, TTEE, ANDREW THOMAS
Address	POST OFFICE BOX 1602
City-State-Zip:	MARCO ISLAND FL 34146

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: PATTERSON, TTEE, S. JEANNETTE K.**MGRM****02/27/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date