

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111731

**Entity Name:** OWENS RD, LLC

**Current Principal Place of Business:**

1609 OWENS ROAD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

8761 PERIMETER PARK BOULEVARD  
106  
JACKSONVILLE, FL 32216

**FEI Number:** 26-3835854

**Certificate of Status Desired:** No

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

REYNOLDS, HEATHER M  
115 PROFESSIONAL DRIVE  
101  
PONTE VEDRA BEACH, FL 32082 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 MGRM  
Name FREIRE, MARIA E  
Address 616 SPRINGVALE ROAD  
City-State-Zip: GREAT FALLS VA 22066

*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:** MARIA E FREIRE

**MANAGER**

**01/17/2014**

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

\_\_\_\_\_  
Date