

**2018 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:**

P.O. BOX 933  
GREAT FALLS, VA 22066 US

**FEI Number:** 26-3835854

**Certificate of Status Desired:** No

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

BAXTER, SANDRA G  
123 CORNWALL DRIVE  
PONTE VEDRA BEACH, FL 32081 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:** SANDRA G BAXTER

02/09/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FREIRE, MARIA E  
Address PO BOX 933  
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

MGRM

02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date