

2016 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

MGRM

03/14/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date