

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001718

**Entity Name:** 13679 ATLANTIC BLVD, LLC

**Current Principal Place of Business:**

13679 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

PO BOX 51267  
JACKSONVILLE BEACH, FL 32240

**FEI Number:** 27-0463658

**Certificate of Status Desired:** No

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

MORGAN, JEREMIAH M  
13679 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225 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 MORGAN, JEREMIAH M  
Address 13679 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title MGRM  
Name MORGAN, ANTHONY L  
Address 13679 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title MGMR  
Name MORGAN, CLAIRE  
Address 13679 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

*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:** CLAIRE MORGAN

MGMR

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date