

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036395

**Entity Name:** REWIND OLDSCHOOL, LLC

**Current Principal Place of Business:**

7625 FALCON STREET  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

7625 FALCON STREET  
JACKSONVILLE, FL 32244 US

**FEI Number:** 27-2374252

**Certificate of Status Desired:** No

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

REDDICK, MICHAEL K  
7625 FALCON STREET  
JACKSONVILLE, FL 32244 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	CEO	Title	AUTHORIZED MEMBER
Name	REDDICK, ORAIN B	Name	REDDICK, MICHAEL K
Address	10364 RED TIP ROAD	Address	7625 FALCON STREET
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32244
Title	VP		
Name	REDDICK, MAKITA T		
Address	11471 ELDERFLOWER WAY WEST		
City-State-Zip:	JACKSONVILLE FL 32218		

*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:** MICHAEL K. REDDICK

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date