2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2017
Secretary of State
CC6509037088

DOCUMENT# L10000051836

Entity Name: JAX LAGOON, LLC

Current Principal Place of Business:

5001 PHILIPS HWY.
#7-B
JACKSONVILLE, FL 32207

Current Mailing Address:

5001 PHILIPS HWY.
#7-B
JACKSONVILLE, FL 32207 US

FEI Number: 27-2571144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRUMMOND, KENNETH
5001 PHILIPS HWY.
#7-B
JACKSONVILLE, FL 32207 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	MANAGING MEMBER, PRESIDENT, ASST. SECRETARY
Name	PARSONS, ALLAN T. JR.
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP, SECRETARY
Name	DRUMMOND, KENNETH
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	MEMBER, VP, ASST. SECRETARY
Name	WATERS, WAYNE
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	MEMBER
Name	WHITLEY, JOHN E SR.
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP, ASST. SECRETARY, TREASURER
Name	KNUTZEN, JAMES V.
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	MEMBER, VP, ASST. SECRETARY, ASST. TREASURER
Name	MARLIER, JAMES JR.
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	MEMBER
Name	LIVING TRUST OF JAMES V. KNUTZEN
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Title	MEMBER
Name	WHITLEY, SHELBY E.
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207

Continues on page 2

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: A. T. PARSONS, JR. MANAGING MEMBER 03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	ALLAN T. PARSONS, JR. LIVING TRUST DATED 12/10/10, AS AMENDED
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207