

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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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: ALLAN T. PARSONS, JR.

PRESIDENT

04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	CARVER, KRISTIE L.
Address	5001 PHILIPS HWY. #7-B
City-State-Zip:	JACKSONVILLE FL 32207