

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128473

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC9500644225**

**Entity Name:** 8335 FORT CAROLINE ROAD LLC

**Current Principal Place of Business:**

1405 RIVER BLUFF ROAD NORTH  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

1405 RIVER BLUFF ROAD NORTH  
JACKSONVILLE, FL 32211

**FEI Number:** 27-4269565

**Certificate of Status Desired:** No

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

NEWTON, SUSAN  
1405 RIVER BLUFF ROAD NORTH  
JACKSONVILLE, FL 32211 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:** SUSAN NEWTON

03/03/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NEWTON, SUSAN  
Address 1405 RIVER BLUFF ROAD NORTH  
City-State-Zip: JACKSONVILLE FL 32211

Title MGRM  
Name CALCAGNI, MARY  
Address 3951 SARAH BROOKE COURT  
City-State-Zip: JACKSONVILLE FL 32277

Title MGRM  
Name SHOOK, NANCY  
Address 1205 GRACE ROAD  
City-State-Zip: REEDY WV 25270-9447

*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:** SUSAN NEWTON

MGRM

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date