

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029809

**Entity Name:** MEADE ST. JOHNS, LLC

**Current Principal Place of Business:**

320 FIRST STREET NORTH  
THE METROPOLITAN SUITE 710  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

320 FIRST STREET NORTH  
THE METROPOLITAN STE. 710  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 27-5464123

**Certificate of Status Desired:** No

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

MARSTON-COPLAN, MEADE ATTY.  
320 FIRST STREET NORTH  
THE METROPOLITAN SUITE 710  
JACKSONVILLE BEACH, FL 32250 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 MARSTON-COPLAN, MEADE  
Address 320 FIRST STREET NORTH.  
THE METROPOLITAN SUITE 710  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** MEADE MARSTON-COPLAN

**MANAGING MEMBER**

**02/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date