

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124244

**Entity Name:** JOCELYNN, LLC

**Current Principal Place of Business:**

1035 N.W. 57TH STREET  
GAINESVILLE, FL 32605

**Current Mailing Address:**

1035 N.W. 57TH STREET  
GAINESVILLE, FL 32605

**FEI Number:** 51-0490358

**Certificate of Status Desired:** No

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

DOMENECH, LYNN  
4926 N.W. 18TH PLACE  
GAINESVILLE, FL 32605 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 HOLT, JOCELYN D  
Address 2156 N.W. 3RD PLACE  
City-State-Zip: GAINESVILLE FL 32603

Title MGRM  
Name DOMENECH, LYNN  
Address 4926 N.W. 18TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

*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:** JOCELYN D HOLT

**PRESIDENT**

**03/03/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date