

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132289

**Entity Name:** 5007 LENOIR AVENUE, LLC

**Current Principal Place of Business:**

5007 LENOIR AVENUE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 50278  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LINDROS, GARY C  
5007 LENOIR AVENUE  
JACKSONVILLE, FL 32216 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:** GARY C LINDROS

03/06/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LINDROS, GARY C  
Address PO BOX 50278  
City-State-Zip: JACKSONVILLE BEACH FL 32240

*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:** GARY LINDROS

MGR

03/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date