#### 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. 04/10/2018

# SIGNATURE: DINAH L. COLEMAN-MASON

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

7088 CRISPIN COVE DR JACKSONVILLE, FL 32258

## **Current Mailing Address:**

7088 CRISPIN COVE DR JACKSONVILLE. FL 32258

## FEI Number: 45-5035030

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

COLEMAN-MASON, DINAH LYNN 7088 CRISPIN COVE DRIVE JACKSONVILLE, FL 32258 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: DINAH L. COLEMAN-MASON
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Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	CONSULTANT, OWNER
Name	COLEMAN-MASON, DINAH L
Address	7088 CRISPIN COVE DRIVE
City-State-Zip:	JACKSONVILLE FL 32258

FILED Apr 10, 2018 Secretary of State CC8514637408

Certificate of Status Desired: Yes

04/10/2018 Date

Date

**OWNER/CONSULTANT**