

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000064044

**Entity Name:** 1590 INVESTMENTS, LLC

**Current Principal Place of Business:**

50 NORTH LAURA STREET  
SUITE 3900  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P. O. BOX 331525  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 45-5274503

**Certificate of Status Desired:** No

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

STOCKTON, RICHARD L  
50 NORTH LAURA STREET  
SUITE 3900  
JACKSONVILLE, FL 32202 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 MGR  
Name STOCKTON, RICHARD L  
Address 50 NORTH LAURA STREET, SUITE  
3900  
City-State-Zip: JACKSONVILLE FL 32202

*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:** RICHARD L. STOCKTON

**MANAGER**

**04/28/2015**

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

\_\_\_\_\_  
Date