

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000152084

Entity Name: THOMASTON ONE, LLC

Current Principal Place of Business:

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205-5332

Current Mailing Address:

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205-5332 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET
SUITE 3300
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: /S/ KENNETH M. KEEFE, JR.

03/19/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HENDRIX, CHARLES N.
Address 569 EDGEWOOD AVENUE SOUTH
City-State-Zip: JACKSONVILLE FL 32205-5332

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: /S/ CHARLES N. HENDRIX

MGRM

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date