

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000160702

**Entity Name:** JCLA PARTNERS, LLC

**Current Principal Place of Business:**

2823 ST JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2823 ST JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246 US

**FEI Number:** 35-2464499

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD  
SUITE 1500 (HEP)  
MIAMI, FL 33131 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            CEO  
Name            CAMPION, JOHN  
Address        2823 ST JOHNS BLUFF RD S  
City-State-Zip: JACKSONVILLE FL 32246

Title            P  
Name            ANDERSON, LAURENCE  
Address        10416 ALTA DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title            CFO  
Name            UDELL, ROB  
Address        2823 ST JOHNS BLUFF RD S  
City-State-Zip: JACKSONVILLE FL 32246

*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:** ROB UDELL

CFO

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date