

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000046188

Entity Name: 5804, LLC

Current Principal Place of Business:

427 KELLY COVE LANE
JACKSONVILLE, FL 32225

Current Mailing Address:

427 KELLY COVE LANE
JACKSONVILLE, FL 32225

FEI Number: 46-2495015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAYETTE SERVICES, LLC
427 KELLY COVE LANE
JACKSNVILLE, FL 32225 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 MGRM
Name MICKLER, JULIANE M
Address 14590 LAGOON DRIVE
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: JULIANE M. MICKLER

MGRM

04/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date