## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000161166

Entity Name: FIRST COAST CLIPPERS, LLC

**Current Principal Place of Business:** 

9601 SOUTHBROOK DR JACKSONVILLE, FL 32256

**Current Mailing Address:** 

2243 ROYAL FERN LN S JACKSONVILLE. FL 32223

FEI Number: 46-4140228 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, PAMELA J 2243 ROYAL FERN LN S JACKSONVILLE, FL 32223 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.

Title

**MGRM** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 14, 2015

**Secretary of State** 

CC1115991745

Authorized Person(s) Detail:

Title MGRM

WARD, PAMELA J

Name WARD, MEL G Name

Address 2243 ROYAL FERN LN S Address 2243 ROYAL FERN LN S City-State-Zip: JACKSONVILLE FL 32223 City-State-Zip: JACKSONVILLE FL 32223

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.

04/14/2015 SIGNATURE: MEL G. WARD MANAGING MEMBER