#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000117341

Entity Name: JAX REALTY, LLC

Apr 18, 2017 Secretary of State CC9173369317

**FILED** 

# **Current Principal Place of Business:**

450 HONEYCOMB WAY JACKSONVILLE. FL 32259

# **Current Mailing Address:**

450 HONEYCOMB WAY JACKSONVILLE. FL 32259 US

FEI Number: 47-1462713 Certificate of Status Desired: No

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

O'CONNER, NOREEN 450 HONEYCOMB WAY ST. JOHNS, FL 32259 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: NOREEN O'CONNER 04/18/2017

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGR

Name O'CONNER, NOREEN
Address 450 HONEYCOMB WAY
City-State-Zip: ST JOHNS FL 32259

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: NOREEN O'CONNER

04/18/2017

Date