

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130103

**Entity Name:** 1000 SOUTH ATLANTIC, LLC

**Current Principal Place of Business:**

679 WAKULLA SPRINGS ROAD  
TALLAHASSEE, FL 32327

**Current Mailing Address:**

679 WAKULLA SPRINGS ROAD  
TALLAHASSEE, FL 32327 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MCAULEY, MIKE  
679 WAKULLA SPRINGS RD.  
CRAWFORDVILLE, FL 32327 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 AMBR  
Name MCAULEY, MIKE  
Address 679 WAKULLA SPRINGS RD.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGRM  
Name MCAULEY, CALEB L  
Address 679 WAKULLA SPRINGS ROAD  
City-State-Zip: TALLAHASSEE FL 32327

Title MGRM  
Name MCAULEY, JACOB M  
Address 679 WAKULLA SPRINGS ROAD  
City-State-Zip: TALLAHASSEE FL 32327

*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:** MIKE MCAULEY

AMBR

03/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date