

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137262

**Entity Name:** CIMARRON JAX LLC

**Current Principal Place of Business:**

8681 A C SKINNER PKWY  
UNIT 920  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8681 A C SKINNER PKWY  
UNIT 920  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-1745014

**Certificate of Status Desired:** No

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

TORRES, DESIREE  
13574 VILLAGE PARK DR  
250  
ORLANDO, FL 32837 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            MBR  
Name            BERMUDEZ, LUIS E  
Address        8681 A C SKINNER PKWY  
                  UNIT 920  
City-State-Zip: JACKSONVILLE FL 32256

Title            MBR  
Name            ROSALES, MORALYS A  
Address        8681 A C SKINNER PKWY  
                  UNIT 920  
City-State-Zip: JACKSONVILLE FL 32256

*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:** BERMUDEZ , LUIS E

MBR

03/06/2017

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

\_\_\_\_\_  
Date