

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175899

**FILED  
Apr 24, 2018  
Secretary of State  
CC5084002468**

**Entity Name:** TOWER ENTERPRISES LLC

**Current Principal Place of Business:**

8119 PARKRIDGE CIR N  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

8119 PARKRIDGE CIR N  
JACKSONVILLE, FL 32211

**FEI Number:** 47-2323944

**Certificate of Status Desired:** No

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

PATRICK, CHRIS L  
8119 PARKRIDGE CIR N  
JACKSONVILLE FL, FL 32211 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 MGR  
Name PATRICK, CHRIS L  
Address 8119 PARKRIDGE CIR N  
City-State-Zip: JACKSONVILLE FL 32211

Title AP  
Name PATRICK, KIM D  
Address 8119 PARKRIDGE CIR N  
City-State-Zip: JACKSONVILLE FL 32211

Title AP  
Name PATRICK, DANIEL L  
Address 8119 PARKRIDGE CIR N  
City-State-Zip: JACKSONVILLE FL 32211

*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:** CHRIS L PATRICK

**MANAGER**

**04/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date