

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000039251

**Entity Name:** 243 EDGEWOOD AVE SOUTH LLC

**Current Principal Place of Business:**

7970 CONCORDE BLVD. W  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

P.O. BOX 2461  
JACKSONVILLE, FL 32203

**FEI Number:** 47-3420018

**Certificate of Status Desired:** No

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

SPARKS, LARRY  
7970 CONCORDE BLVD. W.  
JACKSONVILLE, FL 32208 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 SPARKS, LARRY  
Address 7970 CONCORDE BLVD. W.  
City-State-Zip: JACKSONVILLE FL 32208

Title AMBR  
Name SPARKS, BONNIE  
Address 7970 CONCORDE BLVD. W.  
City-State-Zip: JACKSONVILLE FL 32203

*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:** LARRY SPARKS

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date