

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000061575

**Entity Name:** PHOENICK RETAIL LLC

**Current Principal Place of Business:**

2809 OCEAN DRIVE SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

PO BOX 600369  
SAINT JOHNS, FL 32260

**FEI Number:** 47-3641205

**Certificate of Status Desired:** No

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

REPASS, D R  
111 SOLANA ROAD  
SUITE B  
PONTE VEDRA BEACH, FL 32082 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 MEMBER  
Name LITTLE HARBOUR PLAZA INC  
Address 2809 OCEAN DRIVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MANAGER  
Name SHEE, CHRIS  
Address PO BOX 600369  
City-State-Zip: SAINT JOHNS FL 32260

Title MEMBER  
Name PHOENIX DEVELOPMENT OF NE FLORIDA  
Address PO BOX 600369  
City-State-Zip: SAINT JOHNS FL 32260

Title MANAGER  
Name SENHART, NECDET  
Address 2809 OCEAN DRIVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** NECDET SENHART

**MANAGER**

**02/06/2019**

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

\_\_\_\_\_  
Date