# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMBR ZACCOUR, DONNA

Electronic Signature of Signing Authorized Person(s) Detail

## Entity Name: 1015 BARBARA AVENUE LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

9976 CHELSEA LAKE ROAD JACKSONVILLE, FL 32256

DOCUMENT# L15000142092

### **Current Mailing Address:**

9976 CHELSEA LAKE ROAD JACKSONVILLE, FL 32256

### FEI Number: 47-4831420

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

JORGENSEN, MIKE 2318 PARK STREET JACKSONVILLE, FL 32204 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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	ZACCOUR, THOMAS A TRUSTEE	Name	ZACCOUR, DONNA TRUSTEE
Address	9976 CHELSEA LAKE ROAD	Address	9976 CHELSEA LAKE ROAD
City-State-Zip:	JACKSONVILLE FL 32256	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

AMBASSADOR

03/02/2017 Date

FILED Mar 02, 2017 Secretary of State CC3992271677

Certificate of Status Desired: No

Date