

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000150656

**Entity Name:** 904 RENTALS LLC

**Current Principal Place of Business:**

6550 ST AUGUSTINE RD, SUITE 304  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

PO BOX 10986  
JACKSONVILLE, FL 32247 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SIZEMORE, MARK F  
6550 ST AUGUSTINE RD, SUITE 304  
JACKSONVILLE, FL 32217 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            SIZEMORE, JOYCE L  
Address        PO BOX 10986  
City-State-Zip: JACKSONVILLE FL 32247

*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:** JOYCE L SIZEMORE

**AUTHORIZED MEMBER**

**04/29/2017**

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

\_\_\_\_\_ Date