

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199769

**Entity Name:** 1661-1667 RYAR RD, LLC

**Current Principal Place of Business:**

7587 WILSON BLVD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

7587 WILSON BLVD  
JACKSONVILLE, FL 32210 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GALLEY, AARON J  
7587 WILSON BLVD  
JACKSONVILLE, FL 32210 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 GALLEY, AARON J  
Address 2180 AARON DRIVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGR  
Name ARNOLD, LAURIE I'VE  
Address 718 NORTH ORANGE AVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** AARON GALLEY

MGR

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date