

2017 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

MANAGER

05/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date