

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000177389

Entity Name: JONESVILLE GP, LLC**Current Principal Place of Business:**242 INVERNESS CENTER DRIVE
BIRMINGHAM, AL 35242**Current Mailing Address:**242 INVERNESS CENTER DRIVE
BIRMINGHAM, AL 35242 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWITZ, STEPHEN G
3521 N 53RD AVE
HOLLYWOOD, FL 33021 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	MGRM
Name	JOHNSTON, SAM
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

Title	MGRM
Name	SUMRALL, DAVID
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

Title	MGRM
Name	MOORE, JOHN O JR.
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

Title	MGMR
Name	EHRENSTEIN, GABE
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

Title	MGRM
Name	LOWITZ, STEPHEN
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

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: STEPHEN LOWITZ

MGRM

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date