

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000181822

**Entity Name:** 415 TRESKA ROAD, LLC

**Current Principal Place of Business:**

8021 OAK HAMMOCK COURT  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8021 OAK HAMMOCK COURT  
JACKSONVILLE, FL 32256

**FEI Number:** 47-3647013

**Certificate of Status Desired:** No

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

WATSON, JEFFREY T  
12058 SAN JOSE BOULEVARD  
SUITE 401  
JACKSONVILLE, FL 32223 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	Title	MGR
Name	POWERS, RONALD B SR.	Name	POWERS, JUDY W
Address	8021 OAK HAMMOCK COURT	Address	8021 OAK HAMMOCK COURT
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 that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDY POWERS

**MGR**

**04/04/2019**

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

\_\_\_\_\_  
Date