

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000091309

Entity Name: 5045 PALMER AVE - JACKSONVILLE, LLC

Current Principal Place of Business:

3495 5TH AVE N
ST. PETERSBURG, FL 33713

Current Mailing Address:

PO BOX 8099
TAMPA, FL 33674 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAUGENDRE, FRANCK
3495 5TH AVE N
ST. PETERSBURG, FL 33713 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 ESRA OF FLORIDA, LLC
Address 3495 5TH AVE N
City-State-Zip: ST. PETERSBURG FL 33713

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: FRANCK BEAUGENDRE

MGR OF ESRA

04/27/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date