

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000138249

Entity Name: JAX WHOLESALE AND LIQUIDATION LLC

Current Principal Place of Business:

7037 COMMONWEALTH AVE
36
JACKSONVILLE , FL 32220-2833

Current Mailing Address:

7037 COMMONWEALTH AVE
36
JACKSONVILLE, FL 32220-2833 US

FEI Number: 82-2004725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, DAVID C
1952 HARBOR ISLAND DR
FLEMING ISLAND, FL 32003 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 MANAGER
Name SANDERS, TONYA
Address 1952 HARBOR ISLAND DR
City-State-Zip: FLEMING ISLAND FL 32003

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: TONYA SANDERS

MANAGER

01/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date