

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000217952

**Entity Name:** PABLO HOLDINGS, LLC

**Current Principal Place of Business:**

4310 PABLO OAKS CT.  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4310 PABLO OAKS CT.  
JACKSONVILLE, FL 32224 US

**FEI Number:** 82-3224782

**Certificate of Status Desired:** No

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

OKO, SCOTT A  
4310 PABLO OAKS CT.  
JACKSONVILLE, FL 32224 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 ESTUARY, LLC  
Address 4310 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title P  
Name O'STEEN, ROGER M  
Address 4314 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VPT  
Name FRANCIS, HARRY D  
Address 4310 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VPAS  
Name RAY, RICHARD T  
Address 4314 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name DAVIS, JED V  
Address 4310 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name OKO, SCOTT A  
Address 4310 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name BARBOUR, GREGORY J.  
Address 4314 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name MUHL, E. JOSEPH JR.  
Address 4314 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

**Continues on page 2**

*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 B. MORGAN

**SECRETARY**

**03/29/2019**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title S  
Name MORGAN, JUDY B  
Address 4310 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name PRITCHARD, ROBERT H  
Address 4310 PABLO OAKS CT.  
City-State-Zip: JACKSONVILLE FL 32224