

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000272052

**Entity Name:** WESCONNETT JACKSONVILLE LLC

**Current Principal Place of Business:**

4919 WESCONNETT BOULEVARD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4919 WESCONNETT BOULEVARD  
JACKSONVILLE, FL 32210 US

**FEI Number: 84-3812425**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	AMBR	Title	AMBR
Name	ELTY, SAMUEL	Name	CALAFIORE, PAUL
Address	4919 WESCONNETT BOULEVARD	Address	4919 WESCONNETT BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*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: ELTY,SAMUEL**

**AMBR**

**04/21/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date