**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 07, 2015**
**Secretary of State**
**CC7999173605**

DOCUMENT# M01000000902

**Entity Name:** AVAILITY, L.L.C.

**Current Principal Place of Business:**

10752 DEERWOOD PARK BLVD S
SUITE 110
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10752 DEERWOOD PARK BLVD S
SUITE 110
JACKSONVILLE, FL 32256

**FEI Number: 59-3715944**

**Certificate of Status Desired:** Yes

**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 | MANAGER | Title | CEO, MANAGER |
| Name | LYNCH, SCOTT | Name | THOMAS, RUSS |
| Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 | Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 |
| City-State-Zip: | JACKSONVILLE FL 32256 | City-State-Zip: | JACKSONVILLE FL 32256 |
| Title | MANAGER | Title | MANAGER |
| Name | DIVITA, CHUCK | Name | GANI, AARON |
| Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 | Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 |
| City-State-Zip: | JACKSONVILLE FL 32256 | City-State-Zip: | JACKSONVILLE FL 32256 |
| Title | MANAGER | Title | CORPORATE SECRETARY |
| Name | JESSER, JOHN | Name | LINDGREN, KARIN |
| Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 | Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 |
| City-State-Zip: | JACKSONVILLE FL 32256 | City-State-Zip: | JACKSONVILLE FL 32256 |
| Title | CFO/TREASURER | Title | MANAGER |
| Name | EASTMAN, NATE | Name | HUNTER, CHRIS |
| Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 | Address | 10752 DEERWOOD PARK BLVD S<br>SUITE 110 |
| City-State-Zip: | JACKSONVILLE FL 32256 | City-State-Zip: | JACKSONVILLE FL 32256 |

**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: KARIN LINDGREN — CORPORATE SECRETARY — 04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

## Authorized Person(s) Detail Continued :

Title MANAGER
Name LERER, RENÉ
Address 10752 DEERWOOD PARK BLVD S SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name SMITH, MAURICE
Address 10752 DEERWOOD PARK BLVD S SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name SPALDING, DAVE
Address 10752 DEERWOOD PARK BLVD S SUITE 110
City-State-Zip: JACKSONVILLE FL 32256