

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001154

**Entity Name:** PF JAX THREE, LLC

**Current Principal Place of Business:**

14444 BEACH BLVD.  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

PO BOX 4007  
PORTSMOUTH, NH 03802 US

**FEI Number:** 27-3939831

**Certificate of Status Desired:** No

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

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSO  
50 N. LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 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 FREGEAU, PETER  
Address PO BOX 4007  
City-State-Zip: PORTSMOUNT NH 03802

Title MGR  
Name PAPPAS, BRYAN  
Address PO BOX 4007  
City-State-Zip: PORTSMOUNT NH 03802

Title MGR  
Name MURRAY, MIKE  
Address PO BOX 4007  
City-State-Zip: PORTSMOUNT NH 03802

*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:** MIKE MURRAY

**MANAGER**

**01/18/2014**

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

\_\_\_\_\_  
Date