

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000601

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC1868653280**

**Entity Name:** STRATEGIC CROSSING PHASE II, L.L.C.

**Current Principal Place of Business:**

501 COMMENDENCIA STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

21 S TARRAGONA STREET  
SUITE 102  
PENSACOLA, FL 32502

**FEI Number:** 59-3695067

**Certificate of Status Desired:** Yes

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

DANIEL, NIXON J  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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            PRES  
Name            DANIEL, NIXON J  
Address        21 S TARRAGONA STREET, SUITE  
                  102  
City-State-Zip: PENSACOLA FL 32502

Title            VP  
Name            LOVELL, WILLIAM A  
Address        21 S TARRAGONA STREET, SUITE  
                  102  
City-State-Zip: PENSACOLA FL 32502

Title            DIR  
Name            KILLAM, MICHAEL L  
Address        21 S TARRAGONA STREET, SUITE  
                  102  
City-State-Zip: PENSACOLA FL 32502

Title            SEC  
Name            CARSON, JOSEPH E  
Address        21 S TARRAGONA STREET, SUITE  
                  102  
City-State-Zip: PENSACOLA FL 32502

*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:** WILLIAM A LOVELL

**VICE PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date