

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000000398

Entity Name: 1200 SOUTH MAIN STREET, LLC**Current Principal Place of Business:**1200 S MAIN ST
BELLE GLADE, FL 33430**Current Mailing Address:**1157 SOUTH STATE ROAD 7
WELLINGTON, FL 33414**FEI Number:** 90-0001459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES FOSTER SERVICE, LLC
505 S FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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:** BRIAN D. KENNEDY, MANAGER

05/13/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HARLAND, MARTIN T
Address 1200 S MAIN ST SUITE 200
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name FOUCALD, JEAN
Address 1200 S MAIN ST SUITE 100
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name VENUGOPAL, CHANDRA
Address 1200 S MAIN ST SUITE 100A
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name VEDERE, AMARNATH
Address 1200 S MAIN ST SUITE 100A
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name SHARMA, SEKHAR
Address 1200 S MAIN ST SUITE 100
City-State-Zip: BELLE GLADE FL 33430

Title DIR
Name TRIPURANENI, KRISHNA
Address 1157 SOUTH STATE ROAD 7
City-State-Zip: WELLINGTON FL 33414

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: KRISHNA TRIPURANENI

D

05/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date