

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034908

Entity Name: MOTT MACDONALD FLORIDA, LLC**Current Principal Place of Business:**220 WEST GARDEN STREET
SUITE 700
PENSACOLA, FL 32502**Current Mailing Address:**220 WEST GARDEN STREET
SUITE 700
PENSACOLA, FL 32502 US**FEI Number:** 59-1294824**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name LEONARD, GUY
Address 10 FLEET PLACE
City-State-Zip: LONDON EC4M 7RB

Title MANAGER
Name HOWELLS, KEITH J.
Address 10 FLEET PLACE
City-State-Zip: LONDON EC4M 7RB

Title MANAGER
Name NICHOLAS, DENICHILO M.
Address 111 WOOD AVENUE SOUTH
City-State-Zip: ISELIN NJ 08830

Title MANAGER
Name JARMAN, THOMAS
Address 220 WEST GARDEN STREET
SUITE 700
City-State-Zip: PENSACOLA FL 32502

Title AUTHORIZED PERSON
Name O'CONNOR, MARK G.
Address 111 WOOD AVENUE SOUTH
City-State-Zip: ISELIN NJ 08830

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: MARK G. O'CONNOR**AUTHORIZED PERSON****01/31/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date