

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000029943

**Entity Name:** 208 NORTH LAURA, LLC

**Current Principal Place of Business:**

208 N LAURA STREET  
SUITE 900  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

208 N LAURA STREET  
SUITE 900  
JACKSONVILLE, FL 32202

**FEI Number:** 20-4536444

**Certificate of Status Desired:** No

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

ALBERTELLI LAW  
208 N. LAURA ST.  
SUITE 900  
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 JONATHAN, SAWYER D  
Address 208 N. LAURA ST. SUITE 900  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name JAMES, ALBERTELLI E  
Address 208 N. LAURA ST. SUITE 900  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name HALSEMA, JAY C  
Address 208 N. LAURA ST. SUITE 900  
City-State-Zip: JACKSONVILLE FL 32202

Title MGRM  
Name ALBERTELLI, GEORGE J  
Address 208 N. LAURA ST. SUITE 900  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name ALBERTELLI, DAVID  
Address 208 N. LAURA ST. SUITE 900  
City-State-Zip: JACKSONVILLE FL 32202

*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:** JAMES ALBERTELLI

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02/21/2018

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

\_\_\_\_\_  
Date