

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031289

Entity Name: 400 PALAFOX PLACE, LLC**Current Principal Place of Business:**226 S. PALAFOX PLACE
11TH FLOOR
PENSACOLA, FL 32502**Current Mailing Address:**P.O. BOX 710
PENSACOLA, FL 32591-0710 US**FEI Number:** 26-2276869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYNOLDS, TRACY A
226 S. PALAFOX PLACE
11TH FLOOR
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	MGRM	Title	MGRM
Name	MERRILL, JAMES C	Name	MERRILL, WILLIS CIII
Address	226 S. PALAFOX PLACE 11TH FLOOR	Address	226 S. PALAFOX PLACE 11TH FLOOR
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	MGRM		
Name	MERRILL, BURNEY H		
Address	226 S. PALAFOX STREET 11TH FLOOR		
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: MERRILL , JAMES C**MANAGING MEMBER****04/25/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date