

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048690

**Entity Name:** NORTH FLORIDA BUILDING MAINTENANCE, LLC

**Current Principal Place of Business:**

3947 BLVD CENTER DRIVE STE 100  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3947 BLVD CENTER DRIVE STE 100  
JACKSONVILLE, FL 32207

**FEI Number:** 41-2279395

**Certificate of Status Desired:** No

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

MONICA, FOURMAN  
3947 BOULEVARD CENTER DRIVE  
SUITE 100  
JACKSONVILLE, FL 32207 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 P  
Name FOURMAN, MONICA MMRS.  
Address 3947 BOULEVARD CENTER DRIVE,  
STE 100  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name FOURMAN, CARY R  
Address 3947 BOULEVARD CENTER DRIVE,  
STE 100  
City-State-Zip: JACKSONVILLE FL 32207

Title CONTROLLER  
Name TURNER, REBECCA  
Address 3947 BLVD CENTER DRIVE STE 100  
City-State-Zip: JACKSONVILLE FL 32207

*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:** REBECCA TURNER

**CONTROLLER**

**02/10/2016**

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

\_\_\_\_\_  
Date