

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018295

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC1024092244**

**Entity Name:** JAX MEDIATION CENTER, LLC

**Current Principal Place of Business:**

2700 UNIVERSITY BLVD WEST, STE. A-1  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

2700-C UNIVERSITY BLVD. W.  
JACKSONVILLE, FL 32217

**FEI Number:** 80-0359331

**Certificate of Status Desired:** No

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

SCHUTT, DENNIS R  
2700 UNIVERSITY BLVD WEST, STE. A-1  
JACKSONVILLE, FL 32217 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	SCHUTT, DENNIS R	Name	SCHMIDT, PENNY W
Address	2700 UNIVERSITY BLVD WEST, STE. A-1	Address	2700 UNIVERSITY BLVD WEST, STE. A-1
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217

*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:** DENNIS R. SCHUTT

**PRESIDENT**

**03/10/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date