

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120710

Entity Name: IIPS OF FLORIDA, LLC

Current Principal Place of Business:

8900 EASTERN COMMERCE PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

8900 EASTERN COMMERCE PARKWAY
JACKSONVILLE, FL 32256 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name VOYA FINANCIAL, INC.
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

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: JENNIFER M. OGREN

ASSISTANT SECRETARY 04/28/2014
OF MGRM

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date