

**2017 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

VP AND ASSISTANT  
SECRETARY

03/14/2017

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

\_\_\_\_\_ Date