# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000018638

#### Entity Name: ALSOP PROPERTY MANAGEMENT, LLC

### **Current Principal Place of Business:**

77 ALMERIA ST. ST. AUGUSTINE, FL 32084

# **Current Mailing Address:**

P.O. BOX 1389 ST. AUGUSTINE, FL 32085 US

## FEI Number: 27-1961392

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

REPASS, D.R. ESQ. 501 RIVERSIDE AVE. SUITE 901 JACKSONVILLE, FL 32202 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KILLEBREW, JESSE	Name	NORGART, ANDREW
Address	P.O. BOX 1389	Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085	City-State-Zip:	ST. AUGUSTINE FL 32085
Title	MANAGER		
Name	RAULERSON, JANEEN L		
Address	P.O. BOX 1389		
City-State-Zip:	ST. AUGUSTINE FL 32085		

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: JANEEN L RAULERSON

MANAGER

# 03/09/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 09, 2016 Secretary of State CC6113349172

Certificate of Status Desired: No

Date