

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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**

**Certificate of Status Desired: No**

**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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KILLEBREW, JESSE  
Address P.O. BOX 1389  
City-State-Zip: ST. AUGUSTINE FL 32085

Title MGRM  
Name NORGART, ANDREW  
Address P.O. BOX 1389  
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 RAULERSON**

**TITLE MANAGER**

**09/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date