

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000087875

**Entity Name:** PBE - JACKSON MEMORIAL, LLC

**Current Principal Place of Business:**

2813 UNIVERSITY BLVD. WEST  
KENSINGTON, MD 20895

**Current Mailing Address:**

2813 UNIVERSITY BLVD. WEST  
KENSINGTON, MD 20895

**FEI Number:** 46-2988079

**Certificate of Status Desired:** No

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

SPOERR, CINDY  
1113NE 5TH STREET  
HALLANDALE BEACH, FL 33009 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 EDEN, MARC  
Address 8007 COBBLE CREEK CIRCLE  
City-State-Zip: POTOMAC MD 20854

Title MEMBER  
Name CRAIG, PETERS M  
Address 1700 RESEARCH BVLD.  
220  
City-State-Zip: ROCKVILLE MD 20850

*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: CRAIG PETERS**

**MANAGER**

**01/30/2018**

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

\_\_\_\_\_  
Date