

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000098365

Entity Name: JACKSONVILLE REGIONAL CENTER LLC

Current Principal Place of Business:

150 GREAT NECK RD., STE-304
GREAT NECK, NY 11021

Current Mailing Address:

150 GREAT NECK RD., STE-304
GREAT NECK, NY 11021

FEI Number: 46-3635208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., 1ST FL
TALLAHASSEE, FL 32301 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 NAMDAR, IGAL
Address 150 GREAT NECK RD., STE-304
City-State-Zip: GREAT NECK NY 11021

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: IGAL NAMDAR

MEMBER

07/02/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date