

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000165111

**Entity Name:** 1511 NW 6TH STREET, L.L.C.

**Current Principal Place of Business:**

10 W. ADAMS STREET  
3RD FLOOR  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

10 W. ADAMS STREET  
3RD FLOOR  
JACKSONVILLE, FL 32202 US

**FEI Number:** 46-4185519

**Certificate of Status Desired:** No

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

DUSS, JOHN S IV  
4348 SOUTHPOINT BOULEVARD  
SUITE 101  
JACKSONVILLE, FL 32216 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 FARAH, EDDIE  
Address 10 W. ADAMS STREET, 3RD FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title MGRM  
Name FARAH, CHUCK  
Address 10 W. ADAMS STREET, 3RD FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title MGRM  
Name FARAH, REEM  
Address 10 W. ADAMS STREET, 3RD FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title MGRM  
Name FARAH, RUBA  
Address 10 W. ADAMS STREET, 3RD FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

*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:** EDDIE FARAH

**MGRM**

**03/07/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date