

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000102144

**Entity Name:** FLORIDA NETWORK PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

4190 BELFORT ROAD  
SUITE 475  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

ATTN: LEGAL  
333 SOUTH SEVENTH STREET 2700  
MINNEAPOLIS, MN 55402 US

**FEI Number:** 47-1254702

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
2200  
PLANTATION, FL 33324 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            PRESIDENT  
Name            BUDNICK, CHRISTY  
Address        4190 BELFORT ROAD, SUITE 475  
City-State-Zip: JACKSONVILLE FL 32216

Title            SECRETARY  
Name            BROWNE, MICHAEL T.  
Address        333 SOUTH SEVENTH STREET  
                  2700  
City-State-Zip: MINNEAPOLIS MN 55402

Title            CFO  
Name            CARDINALE, CHRISTOPHER F  
Address        4190 BELFORT ROAD, SUITE 475  
City-State-Zip: JACKSONVILLE FL 32216

*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: MICHAEL T. BROWNE**

**SECRETARY**

**04/15/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date