

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000122094

Entity Name: MD ST. AUGUSTINE, LLC

Current Principal Place of Business:

1511 N. WEST SHORE BOULEVARD
SUITE 750
TAMPA, FL 33607-4504

Current Mailing Address:

1511 N. WEST SHORE BOULEVARD
SUITE 750
TAMPA, FL 33607-4504 US

FEI Number: 47-1678502

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DR SUITE 1300
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 MGR
Name MD DEVELOPMENT LLC
Address 1511 N. WEST SHORE BOULEVARD
SUITE 750
City-State-Zip: TAMPA FL 33607-4504

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: CARL SAHLSTEN

MANAGER

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date