

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159912

**Entity Name:** 10000 GATE PARKWAY N UNIT 1518 MANAGEMENT PARTNERS LLC

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC6667976129**

**Current Principal Place of Business:**

10000 GATE PARKWAY N  
UNIT 1518  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

P.O. BOX 550505  
JACKSONVILLE, FL 32255 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GREENE, CHRISTOPHER S  
3421 HIDDEN LAKE DR W  
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 MGR  
Name GREENE, CHRISTOPHER S  
Address 3421 HIDDEN LAKE DR W  
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: CHRISTOPHER S GREENE**

**MGR**

**04/23/2015**

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

\_\_\_\_\_  
Date