

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000179444

**Entity Name:** BLOCK NINE LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DR SUITE 1200  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

ONE INDEPENDENT DR SUITE 1200  
JACKSONVILLE, FL 32202

**FEI Number:** 47-2395577

**Certificate of Status Desired:** No

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

CONTEGA BUSINESS SERVICES LLC  
ONE INDEPENDENT DR SUITE 1200  
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           MANAGER  
Name           NORTH PLATTE LLC  
Address       ONE INDEPENDENT DR SUITE 1200  
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:** NORTH PLATTE LLC, BY CONTEGA BUSINESS  
SERVICES, LLC, ITS MANAGER, BY MATTHEW S.  
MCAFFEE, ITS EXECUTIVE VICE PRESIDENT

MANAGER

04/17/2016

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

\_\_\_\_\_  
Date