

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000197154

Entity Name: 127 S. ALCANIZ STREET, LLC**Current Principal Place of Business:**41 N. JEFFERSON ST.
4TH FLOOR
PENSACOLA, FL 32502**Current Mailing Address:**41 N JEFFERSON ST
4TH FLOOR
PENSACOLA, FL 32502 US**FEI Number:** 81-2046284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEGGS & LANE
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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	MEM
Name	PARKS & HENDERSON II, LLC
Address	41 N JEFFERSON ST. 4TH FLOOR
City-State-Zip:	PENSACOLA FL 32502

Title	MGR
Name	HENDERSON, CHAD C
Address	41 N JEFFERSON ST. 4TH FLOOR
City-State-Zip:	PENSACOLA FL 32502

Title	MEM
Name	BROWN, JEREMY
Address	801 W ROMANA ST
City-State-Zip:	PENSACOLA FL 32502

Title	MEM
Name	WILLIAMS, CHAD
Address	801 W ROMANA ST
City-State-Zip:	PENSACOLA FL 32502

Title	MEM
Name	DANIELS, SHELBY
Address	310 N. TARRAGONA ST.
City-State-Zip:	PENSACOLA FL 32501

Title	MEM
Name	106K, LLC
Address	41 N JEFFERSON ST 4TH FLOOR
City-State-Zip:	PENSACOLA FL 32502

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: CHAD C HENDERSON**MANAGER****04/24/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date