

**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