

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000087820

**Entity Name:** 1565 CITY LLC

**Current Principal Place of Business:**

8200 CYPRESS PLAZA DR,  
UNIT 408  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

3631 BROOKWALL DRIVE  
STE 101  
FAIRLAWN, OH 44333 US

**FEI Number:** 83-4280365

**Certificate of Status Desired:** Yes

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

KELLY, TIMOTHY P P.A.  
1016 LASALLE STREET  
JACKSONVILLE, FL 32207 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 MBR  
Name HUNTER, MATTHEW  
Address 3631 BROOKWALL DRIVE, STE 101  
City-State-Zip: FAIRLAWN OH 44333

Title MGR  
Name MATTHEW J. GRETZ LIVING TRUST  
DATED MAY 31, 2017  
Address 3631 BROOKWALL DRIVE  
STE 101  
City-State-Zip: FAIRLAWN OH 44333

Title MGR  
Name DUNNELL, GREGORY DAVID  
Address 3631 BROOKWALL DRIVE  
STE 101  
City-State-Zip: FAIRLAWN OH 44333

*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:** SUSAN E MOYER

**CONTROLLER**

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date