2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002442

Entity Name: REGENCY REMEDIATION, LLC

ity Name: REGENCY REMEDIATION, LL

Current Principal Place of Business:

ONE INDEPENDENT DRIVE SUITE 114

JACKSONVILLE, FL 32202-5019

Current Mailing Address:

ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202-5019 US

FEI Number: 59-3573779 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 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

FILED Apr 24, 2017

Secretary of State

CC9156203270

Authorized Person(s) Detail:

Title MGR

Name REGENCY CENTERS LP

Address ONE INDEPENDENT DRIVE, SUITE

114

City-State-Zip: JACKSONVILLE FL 32202-5019

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: KATHY D MILLER SVP

Electronic Signature of Signing Authorized Person(s) Detail

Date

04/24/2017