

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002538

**Entity Name:** FL-WESTCHASE CENTER, LLC

**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:** 20-8937785

**Certificate of Status Desired:** No

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

F&L CORP  
ONE INDEPENDENT DRIVE STE 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

**Authorized Person(s) Detail :**

Title MGRM  
Name FL-WESTCHASE CENTER MEMBER,  
LLC  
Address ONE INDEPENDENT DRIVE STE 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

04/17/2017

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

\_\_\_\_\_ Date