

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004100

Entity Name: JACKSONVILLE MEDICAL OFFICE BUILDING LLC

Current Principal Place of Business:

839 NORTH JEFFERSON ST, STE. 600
MILWAUKEE, WI 53202

Current Mailing Address:

839 NORTH JEFFERSON ST, STE. 600
MILWAUKEE, WI 53202

FEI Number: 90-0901941

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR
Name BALISTRERI, JOSEPH J.
Address 839 NORTH JEFFERSON ST, STE. 600

City-State-Zip: MILWAUKEE WI 53202

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: JOSEPH BALISTRERI

MANAGER

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date