

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1600009220

Entity Name: ASSOCIATED FACILITY MANAGEMENT, LLC

Current Principal Place of Business:

1350 EUCLID AVENUE, SUITE 1500
CLEVELAND, OH 44115-1832

Current Mailing Address:

1350 EUCLID AVENUE, SUITE 1500
CLEVELAND, OH 44115-1832 US

FEI Number: 76-0663705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ASTS
Name ALLEN, JAMES
Address 1350 EUCLID AVENUE, SUITE 1500
City-State-Zip: CLEVELAND OH 44115-1832

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: JAMES ALLEN

ASSISTANT SECRETARY 01/06/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date