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: N. KEITH MCKEY

CHIEF FINANCIAL OFFICER

Electronic Signature of Signing Authorized Person(s) Detail

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.

Electronic Signature of Registered Agent

190 E. CAPITOL STREET, SUITE 400

JACKSON MS 39201

SIGNATURE:

Name

Address

City-State-Zip:

Authorized	Person(s) Detail :		
Title	MGR	Title	MGR/
Name	HOSTER, DAVID HII	Name	MCKEY, N. KEITH
Address	190 EAST CAPITOL STREET, SUITE	Address	190 E. CAPITOL ST., STE 400
City-State-Zip:	400 JACKSON MS 39201	City-State-Zip:	JACKSON MS 39201
Title	САА		
Name	CORKERN, BRUCE		

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

JACKSON, MS 39201

190 EAST CAPITOL STREET

Current Mailing Address:

SUITE 400 JACKSON, MS 39201

DOCUMENT# M98000001517

Entity Name: EASTGROUP PROPERTY SERVICES OF FLORIDA, LLC

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

190 EAST CAPITOL STREET SUITE 400

FEI Number: 64-0907356

Date

Certificate of Status Desired: No

FILED Mar 18, 2015 Secretary of State CC3437584898

03/18/2015