

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006003

Entity Name: EQ FLORIDA, INC.**Current Principal Place of Business:**7202 EAST EIGHTH AVENUE
TAMPA, FL 33619**Current Mailing Address:**17440 COLLEGE PARKWAY
SUITE 300
LIVONIA, MI 48152 US**FEI Number:** 20-0414157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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**Officer/Director Detail :**

Title	DIRECTOR
Name	FEELER, JEFFREY R
Address	251 E. FRONT STREET SUITE 400
City-State-Zip:	BOISE ID 83702

Title	PRESIDENT
Name	FEELER, JEFFREY R
Address	251 E. FRONT STREET SUITE 400
City-State-Zip:	BOISE ID 83702

Title	VP
Name	GERRATT, ERIC L
Address	251 E. FRONT STREET SUITE 400
City-State-Zip:	BOISE ID 83702

Title	VP
Name	BELL, SIMON G
Address	251 E. FRONT STREET SUITE 400
City-State-Zip:	BOISE ID 83702

Title	SECRETARY
Name	IPSEN, WAYNE R
Address	251 E. FRONT STREET SUITE 400
City-State-Zip:	BOISE ID 83702

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE R IPSEN**SECRETARY****03/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date