

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

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05-04-2007 90306 022 \*\*\*\*50.00

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<b>DOCUMENT # L06000052949</b> 1. Entity Name <b>MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC</b>					
Principal Place of Business <b>3800 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224</b>			Mailing Address <b>7643 GATE PARKWAY STE 104, PMB 188 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>11512 Lake Mead Avenue</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 405</b>			
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>			
Zip <b>32256</b>		Country <b>USA</b>		Zip <b>32256</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>161762890</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04232007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>BALASKIEWICZ, KIM 3800 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name <b>Kim Balaskiewicz</b> Street Address (P.O. Box Number is Not Acceptable) <b>11512 Lake Mead Avenue</b> <b>Suite 405</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Kim Balaskiewicz</i></u> (NOTE: Registered Agent signature required when reappointing) DATE <u>4/23/17</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALASKIEWICZ, KIM 3800 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCER, CYNTHIA 12506 HOOD LANDING ROAD JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALASKIEWICZ, JAMES 3800 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <u><i>Kim Balaskiewicz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/23/17</u> Daytime Phone # <u>904-641-1858</u>	