

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072555

Entity Name: MENDENHALL MILL DEVELOPMENT, LLC**Current Principal Place of Business:**4200 MARSH LANDING BLVD.
SUITE 100
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**4200 MARSH LANDING BLVD.
SUITE 100
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 20-1721212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLG MANAGEMENT SERVICES, LLC
4200 MARSH LANDING BLVD.
SUITE 100
JACKSONVILLE BEACH, FL 32250 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 PRES
Name WRIGHT, J. ROBERT JR.
Address 4200 MARSH LANDING BLVD., STE.
100
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name BUSH, J. TAYLOR
Address 4200 MARSH LANDING BLVD., STE.
100
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name KUNKEL, JOHN C
Address 4200 MARSH LANDING BLVD., STE.
100
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VPTR
Name MOORE, JOHN P
Address 4200 MARSH LANDING BLVD., STE.
100
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title SECRETARY
Name LAWARRE, JOY L
Address 4200 MARSH LANDING BLVD., STE.
100
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name LANIUS, WILLIAM R
Address 4200 MARSH LANDING BLVD.
SUITE 100
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name LANIUS, WILLIAM R
Address 4200 MARSH LANDING BLVD.
SUITE 100
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: JOY L. LAWARRE**SECRETARY****04/24/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date