

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049682

**Entity Name:** 2890 UNIVERSITY BLVD. WEST, L.L.C.

**Current Principal Place of Business:**

7880 GATE PARKWAY  
300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7880 GATE PARKWAY  
300  
JACKSONVILLE, FL 32256

**FEI Number:** 20-4921827

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIKLAINÉ MANAGEMENT, LLC.  
7880 GATE PKWY  
300  
JACKSONVILLE, FL 32256 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:** ELAINE ASHOURIAN

04/02/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MIKLAINÉ MANAGEMENT, LLC  
Address 7880 GATE PKWY STE 300  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ELAINE ASHOURIAN

MANAGER

04/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date