

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087773

Entity Name: FLORIDA SHORT TERM RESIDENTIAL PROPERTIES, LLC

Current Principal Place of Business:

12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 56593
JACKSONVILLE, FL 32241

FEI Number: 20-5597689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 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 MGR
Name WILLIAM A. O'LEARY, INC.
Address P.O. BOX 56593
City-State-Zip: JACKSONVILLE FL 32241

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: WILLIAM A. O'LEARY, INC.

MGR

03/25/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date