

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118040

**Entity Name:** MET II OFFICE LLC

**Current Principal Place of Business:**

3500 LENOX ROAD NE, SUITE 1800  
ATLANTA, GA 30326

**Current Mailing Address:**

13045 TESSON FERRY RD.  
TAX DEPARTMENT - B1-06  
ST. LOUIS, MO 63128 US

**FEI Number:** 20-8670968

**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

**Authorized Person(s) Detail :**

Title MGRM  
Name MET II OFFICE MEZZANINE, LLC  
Address 101 E. KENNEDY BLVD., SUITE 2330  
City-State-Zip: TAMPA FL 33602

*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:** JAMES W KOEGER

VICE PRESIDENT,  
METROPOLITAN LIFE  
INSURANCE COMPANY

03/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date