**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 26, 2016**
**Secretary of State**
**CC9998447982**

DOCUMENT# L07000098889

**Entity Name:** DELLA PORTA ORGANIZATION, LLC

**Current Principal Place of Business:**

7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US

**FEI Number: 35-2314942**

**Certificate of Status Desired:** No

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

LEONARD, BARBARA M
7807 BAYMEADOWS ROAD EAST
SUITE 301
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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGRM | Title | S |
| Name | DELLA PORTA, VERONICA M | Name | LEONARD, BARBARA M |
| Address | 7807 BAYMEADOWS ROAD EAST, SUITE 301 | Address | 7807 BAYMEADOWS ROAD EAST, SUITE 301 |
| City-State-Zip: | JACKSONVILLE FL 32256 | 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: BARBARA M LEONARD SECRETARY 01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date