

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051248

**Entity Name:** UNIVERSITY BLVD 1822, LLC

**Current Principal Place of Business:**

1822 UNIVERSITY BLVD. S  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1822 UNIVERSITY BLVD. S  
JACKSONVILLE, FL 32216 US

**FEI Number:** 27-0283152

**Certificate of Status Desired:** No

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

MITCHELSON, THEO KJR.  
1822 UNIVERSITY BLVD. S  
JACKSONVILLE, FL 32216 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	Title	MGR
Name	MITCHELSON, ANADELA	Name	THE THEO MITCHELSON LIVING TRUST
Address	340 OCEANWALK DR N	Address	340 OCEANWALK DR N
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	ATLANTIC BEACH FL 32233

*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:** THEO K MITCHELSON JR

**MGR**

**02/07/2017**

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

\_\_\_\_\_  
Date