

**2015 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

**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 MGRM  
Name MITCHELSON, THEO KJR  
Address 1822 UNIVERSITY BLVD. S  
City-State-Zip: JACKSONVILLE FL 32216

Title MGRM  
Name MITCHELSON, THEO KIII  
Address 1822 UNIVERSITY BLVD. S  
City-State-Zip: JACKSONVILLE FL 32216

*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.

MGRM

01/14/2015

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

\_\_\_\_\_  
Date