

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067270

**Entity Name:** 11201 ST. JOHNS INDUSTRIAL PARKWAY, SOUTH, LLC

**Current Principal Place of Business:**

11201 ST. JOHN'S INDUSTRIAL PARKWAY, SOUTH  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

PO BOX 16369  
JACKSONVILLE, FL 32245

**FEI Number:** 27-0546952

**Certificate of Status Desired:** No

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

CURLEY, JR., CHARLES RESQ.  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207 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 P  
Name LEIBINGER, KARL  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name TEAGUE, MICHAEL  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name ANGRESANO, CYNTHIA  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name LEIBINGER, CHRISTIAN  
Address 11201 ST. JOHN'S INDUSTRIAL  
PARKWAY SO.  
City-State-Zip: JACKSONVILLE FL 32246

Title S  
Name LUNNY, GREGORY  
Address 1301 RIVERPLACE BLVD, SUITE 1500  
City-State-Zip: JACKSONVILLE FL 32207

*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:** CYNTHIA ANGRESANO

**EXECUTIVE DIRECTOR  
OF OPERATIONS**

**01/08/2014**

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

\_\_\_\_\_  
Date