

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022828

**Entity Name:** 1501 SAN MARCO BLVD, LLC

**Current Principal Place of Business:**

1501 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1501 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207

**FEI Number:** 27-5269652

**Certificate of Status Desired:** No

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

MURPHY, NIELS P  
1501 SAN MARCO BLVD.  
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 MGR  
Name MURPHY, NIELS P  
Address 1501 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name ANDERSON, GEDDES DJR.  
Address 1501 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name MURPHY, LYNNE O  
Address 949 ELDER LANE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name ANDERSON, MARIA  
Address 1112 RIVER OAKS ROAD  
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:** NIELS P MURPHY

**MANAGING MEMBER**

**02/03/2014**

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

\_\_\_\_\_  
Date