

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000026268

**Entity Name:** PORTFOLIO JACKSONVILLE, LLC

**Current Principal Place of Business:**

221 N. HOGAN STREET, NO. 307  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

221 N. HOGAN STREET, NO. 307  
JACKSONVILLE, FL 32202

**FEI Number:** 27-5310692

**Certificate of Status Desired:** No

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202 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           | MANAGER                      | Title           | MANAGER                      |
| Name            | SCOTT, R. DEAN               | Name            | SCOTT, LAURIE K              |
| Address         | 221 N. HOGAN STREET, NO. 307 | Address         | 221 N. HOGAN STREET, NO. 307 |
| City-State-Zip: | JACKSONVILLE FL 32202        | City-State-Zip: | JACKSONVILLE FL 32202        |

*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:** R. DEAN SCOTT

**MANAGER**

**04/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date