2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 04, 2017
Secretary of State
CC3306257185

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Entity Name: NAI/HALLMARK PARTNERS, LLC

Current Principal Place of Business:

6675 CORPORATE CENTER PKWY
SUITE 100
JACKSONVILLE, FL 32216

Current Mailing Address:

6675 CORPORATE CENTER PKWY
SUITE 100
JACKSONVILLE, FL 32216

FEI Number: 45-3639717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEY, WILLIAM ALEX
6675 CORPORATE CENTER PKARWAY
SUITE 100
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	MANAGER	Title	MANAGER
Name	COLEY, WILLIAM ALEX	Name	CONN, JEFFREY A
Address	6675 CORPORATE CENTER PKWY, SUITE 100	Address	6675 CORPORATE CENTER PKWY SUITE 100
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216
Title	MANAGER	Title	MANAGER
Name	GOLDFADEN, KEITH	Name	HARDEN, MICHAEL C
Address	6675 CORPORATE CENTER PKWY SUITE 100	Address	6675 CORPORATE CENTER PKWY SUITE 100
City-State-Zip:	JACKSONVILLE FL 32216	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: COLEY , WILLIAM ALEX MANAGER 04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date