

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000117970

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
Name COLEY, WILLIAM ALEX
Address 6675 CORPORATE CENTER PKWY,
SUITE 100
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name GOLDFADEN, KEITH
Address 6675 CORPORATE CENTER PKWY
SUITE 100
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name CONN, JEFFREY A
Address 6675 CORPORATE CENTER PKWY
SUITE 100
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name HARDEN, MICHAEL C
Address 6675 CORPORATE CENTER PKWY
SUITE 100
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: WILLIAM ALEX COLEY

MANAGER

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date