

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143463

**Entity Name:** MET II OFFICE MEZZANINE, LLC

**Current Principal Place of Business:**

% METROPOLITAN LIFE INSURANCE COMPANY  
13045 TESSON FERRY RD., B1-06  
ST. LOUIS, MO 63128

**Current Mailing Address:**

13045 TESSON FERRY RD.  
TAX DEPARTMENT - B1-06  
ST. LOUIS, MO 63128 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 METROPOLITAN LIFE INSURANCE  
COMPANY  
Address 101 EAST KENNEDY BLVD, SUITE  
2330  
City-State-Zip: TAMPA FL 33602

*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:** JAMES W KOEGER

VICE PRESIDENT

04/21/2014

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

\_\_\_\_\_  
Date