

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143463

Entity Name: MET II OFFICE MEZZANINE, LLC

Current Principal Place of Business:

3500 LENOX RD NE
STE 1800
ATLANTA, GA 30326

Current Mailing Address:

13045 TESSON FERRY ROAD
B1-06
ST. LOUIS, MO 63128 US

FEI Number: 45-4104328

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,
METROPOLITAN LIFE
INSURANCE COMPANY

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date