

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000140958

**Entity Name:** 1535 UNIVERSITY BLVD LLC

**Current Principal Place of Business:**

1360 ROBERTS RD.  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

PO BOX 600047  
JACKSONVILLE, FL 32260 US

**FEI Number:** 80-0865221

**Certificate of Status Desired:** No

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

PARIKH, ANKUR A  
1360 ROBERTS RD.  
JACKSONVILLE, FL 32259 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:** PARIKH ANKUR A

01/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PARIKH, ANKUR A  
Address PO BOX 600047  
City-State-Zip: JACKSONVILLE FL 32260

*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:** ANKUR PARIKH

MANAGER

01/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date