

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000140958

Entity Name: 1535 UNIVERSITY BLVD LLC

Current Principal Place of Business:

2732 TROLLIE LANE
JACKSONVILLE, FL 32211

Current Mailing Address:

PO BOX 601010
JACKSONVILLE, FL 32260 US

FEI Number: 80-0865221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALPHAMAX LLC
2732 TROLLIE LANE
JACKSONVILLE, FL 32211 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: VIPUL MAMTORA

04/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PARIKH, ANKUR A
Address 5547 NORMANDY BLVD
City-State-Zip: JACKSONVILLE FL 32205

Title MGRM
Name MAMTORA, VIPUL
Address PO BOX 600020
City-State-Zip: ST. JOHN 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: VIPUL MAMTORA

MGRM

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date