Current Mai	iling Address:			
PO BOX 600 JACKSONVI	0047 ILLE, FL 32260 US			
FEI Number: 80-0865221			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	nt:		
2732 TROLLIE				
	LANE	nging its registered office or regis	tered agent, or both, in the State of F	lorida.
2732 TROLLIE JACKSONVILLE The above named	LANE E, FL 32211 US	nging its registered office or regis	tered agent, or both, in the State of F	lorida. 01/17/202
2732 TROLLIE JACKSONVILLE The above named	LANE E, FL 32211 US d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of F	
2732 TROLLIE JACKSONVILLE The above named SIGNATURE	LANE E, FL 32211 US d entity submits this statement for the purpose of cha E: PARIKH ANKUR A	nging its registered office or regis	tered agent, or both, in the State of F	01/17/202
2732 TROLLIE JACKSONVILLE The above named SIGNATURE Authorized	LANE E, FL 32211 US d entity submits this statement for the purpose of cha E: PARIKH ANKUR A Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of F	01/17/202
2732 TROLLIE JACKSONVILLE The above named SIGNATURE Authorized	LANE E, FL 32211 US d entity submits this statement for the purpose of cha E: PARIKH ANKUR A Electronic Signature of Registered Agent Person(s) Detail :			01/17/202
2732 TROLLIE JACKSONVILLE The above named SIGNATURE	LANE E, FL 32211 US d entity submits this statement for the purpose of chance E: PARIKH ANKUR A Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	MGRM	01/17/202

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

MGRM

01/17/2020

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L12000140958

Entity Name: 1535 UNIVERSITY BLVD LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Current Principal Place of Business:

2732 TROLLIE LANE JACKSONVILLE, FL 32211 FILED Jan 17, 2020 Secretary of State 0320641452CC

Date