

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000075200

**Entity Name:** 509 ST FRANCIS, LLC

**Current Principal Place of Business:**

833 W. GAINES STREET  
SUITE 105  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

833 W. GAINES STREET  
SUITE 105  
TALLAHASSEE, FL 32304

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PETERSON, JENNIFER  
833 W. GAINES STREET  
SUITE 105  
TALLAHASSEE, FL 32304 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:** JENNIFER PETERSON

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BOULOS, CHRISTINE  
Address 833 W. GAINES STREET, SUITE 105  
City-State-Zip: TALLAHASSEE FL 32304

*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:** CHRISTINE BOULOS

OFFICER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date