

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000180276

**Entity Name:** 605 SR13, LLC

**Current Principal Place of Business:**

2804 ST JOHNS BLUFF RD S #200  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2804 ST JOHNS BLUFF RD S #200  
JACKSONVILLE, FL 32246 US

**FEI Number:** 47-2438686

**Certificate of Status Desired:** No

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

SIMON, BERT  
1660 PRUDENTIAL DRIVE  
SUITE 203  
JACKSONVILLE, FL 32207 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           | AMBR                          | Title           | AMBR                          |
| Name            | MANSOURI, SAFA M              | Name            | SABET, AMIR                   |
| Address         | 2804 ST JOHNS BLUFF RD S #200 | Address         | 2804 ST JOHNS BLUFF RD S #200 |
| City-State-Zip: | JACKSONVILLE FL 32246         | City-State-Zip: | JACKSONVILLE FL 32246         |

*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:** SAFA M MANSOURI

AMBR

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date