

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000018935

Entity Name: SULZBACHER VILLAGE, LLC

Current Principal Place of Business:

611 E ADAMS ST
JACKSONVILLE, FL 32202

Current Mailing Address:

611 E ADAMS ST
JACKSONVILLE, FL 32202

FEI Number: 81-2443122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAX CO
50 N LAURA ST SUITE 3300
JACKSONVILLE, FL 32202 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
Name I.M. SULZBACHER CENTER FOR THE
 HOMELESS IN
Address 611 E ADAMS ST
City-State-Zip: JACKSONVILLE FL 32202

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: /S/ CINDY FUNKHOUSER

**PRESIDENT & CEO OF
AUTHORIZED MEMBER**

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date