

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000018976

**Entity Name:** SULZBACHER VILLAGE DEVELOPER, LLC

**Current Principal Place of Business:**

611 EAST ADAMS STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

611 EAST ADAMS STREET  
JACKSONVILLE, FL 32202

**FEI Number: 81-2449845**

**Certificate of Status Desired: No**

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

RAX CO  
50 NORTH LAURA STREET, 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, INC.  
Address        611 EAST ADAMS STREET  
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 OF AMBR**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date