

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000206589

**Entity Name:** MULTIFAMILY PARTNERS JAX, LLC

**Current Principal Place of Business:**

1611 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1611 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 85-2161800

**Certificate of Status Desired:** No

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

ALLEN, CHRISTIAN  
1611 ATLANTIC BLVD  
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	MGR	Title	MGR
Name	ALLEN, CHRISTIAN	Name	LEONE, GEORGE
Address	1611 ATLANTIC BLVD	Address	1611 ATLANTIC BLVD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

*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:** CHRISTIAN ALLEN

**MANAGER**

**04/29/2021**

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

\_\_\_\_\_  
Date