

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000467818

**Entity Name:** 5040 UNIVERSITY BOULEVARD WEST LLC

**Current Principal Place of Business:**

417 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

417 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254

**FEI Number:** 87-3395637

**Certificate of Status Desired:** No

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

SCHEIBLE, DEVON  
417 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254 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 SCHEIBLE, LAUREN B  
Address 952 SORRENTO RD  
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR  
Name BACALIS, STEVEN N  
Address 417 S EDGEWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title AMBR  
Name BACALIS, STEVEN W  
Address 1676 RIVER ROAD  
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:** STEVEN N BACALIS

AMBR

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date