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 BACALIS

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :

	Title	AMBR	Title	AMBR
	Name	SCHEIBLE, LAUREN B	Name	BACALIS, STEVEN N
	Address	952 SORRENTO RD	Address	1311 HERITAGE MANOR DR #401
	City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
	Title	AMBR		
	Title Name	AMBR BACALIS, STEVEN W		
	Name	BACALIS, STEVEN W		

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.

Name and Address of Current Registered Agent:

SCHEIBLE, DEVON 417 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32254 US

2022 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

FILED Apr 12, 2022 Secretary of State 2387765196CC

Certificate of Status Desired: No

MANAGING MEMBER

Date