

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004887

Entity Name: NGP V JACKSONVILLE FL LLC

Current Principal Place of Business:

1650 TYSONS BLVD.
SUITE 200
MCLEAN, VA 22102

Current Mailing Address:

1650 TYSONS BLVD.
SUITE 200
MCLEAN, VA 22102 US

FEI Number: 27-3801270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name NGP V MANAGEMENT LLC
Address 1650 TYSONS BLVD., SUITE 200
City-State-Zip: MCLEAN VA 22102

Title MANAGER
Name KENT, DAVID
Address 1650 TYSONS BLVD SUITE 200
City-State-Zip: MCLEAN VA 22102

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: DAVID KENT

MANAGER

01/15/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date