

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003578

**Entity Name:** TERMA-PRAXIS, LLC

**Current Principal Place of Business:**

4372 SOUTHSIDE BLVD  
STE 306  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4372 SOUTHSIDE BLVD  
STE 306  
JACKSONVILLE, FL 32216 US

**FEI Number:** 26-2981416

**Certificate of Status Desired:** No

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

F & L CORP  
ONE INDEPENDENT DR  
STE 1300  
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 MGRM  
Name HOGVEEN, NICOLAAS  
Address 4372 SOUTHSIDE BLVD - STE 306  
City-State-Zip: JACKSONVILLE FL 32216

*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:** NICOLAAS HOGVEEN

**MANAGING MEMBER**

**04/26/2017**

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

\_\_\_\_\_  
Date