

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000003725

**Entity Name:** PROMENADE JAX OWNER, LLC

**Current Principal Place of Business:**

C/O CHANCE PARTNERS LLC  
1451 HOME STREET  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 10292  
JACKSONVILLE, FL 32207

**FEI Number:** 84-4878424

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	AP	Title	AP
Name	BOBILIN, JUDD	Name	ROSEN, JEFFERY
Address	PO BOX 10292	Address	PO BOX 10292
City-State-Zip:	JACKSONVILLE FL 32247	City-State-Zip:	JACKSONVILLE FL 32247
Title	AUTHORIZED REPRESENTATIVE		
Name	PRITCHARD, ELIZABETH		
Address	PO BOX 10292		
City-State-Zip:	JACKSONVILLE FL 32247		

*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:** ELIZABETH PRITCHARD

**CONTROLLER**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date