

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044520

Entity Name: ATLANTIC PAVILION II, LLC

Current Principal Place of Business:

1730 S FEDERAL HWY
#333
DELRAY BEACH, FL 33483

Current Mailing Address:

1730 S FEDERAL HWY
#333
DELRAY BEACH, FL 33483 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERCEPTIVE VISIONS, LLC
1730 S FEDERAL HWY
#333
DELRAY BEACH, FL 33483 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 MGR
Name PERCEPTIVE VISIONS, LLC
Address 1730 S FEDERAL HWY
#333
City-State-Zip: DELRAY BEACH FL 33483

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: PERCEPTIVE VISIONS LLC

MGR

01/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date