| Current Mai | ling Address: | | | |
|--|---|--|------------------------------------|-------------|
| PO BOX 157 FT. MYERS | 71 , FL 33902 US | | | |
| FEI Number: 77-0641882 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Age | ent: | | |
| CAUTHEN, JOI 8096 MAIN ST BOKEELIA, FL | | | | |
| The above name | d entity submits this statement for the purpose of ch | nanging its registered office or regis | tered agent, or both, in the State | of Florida. |
| SIGNATURE: JOHNSON W CAUTHEN | | | | 04/05/2018 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized | Person(s) Detail : | | | |
| Title | MGRM | Title | MGR | |
| Name | CAUTHEN, JOHNSON W | Name | O'DONNELL, ALBERT | |
| Address | PO BOX 1571 | Address | 4291 WILLIAMS RD | |
| City-State-Zip: | FT. MYERS FL 33902 | City-State-Zip: | ESTERO FL 33928 | |
| Title | MGR | | | |
| Name | O'DONNELL, PATRICIA | | | |
| Address | 4291 WILLIAMS RD | | | |

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: JOHNSON W CAUTHEN

City-State-Zip: ESTERO FL 33928

MGRM

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051702

Entity Name: 3214 S.W. PINE ISLAND ROAD, L.L.C.

Current Principal Place of Business:

8096 MAIN ST BOKEELIA, FL 33922 FILED Apr 05, 2018 Secretary of State CC4797884452

Date