

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035028

**Entity Name:** LVO COLLIER LLC

**Current Principal Place of Business:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601

**Current Mailing Address:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**FEI Number:** 20-4630345

**Certificate of Status Desired:** No

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

COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 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 THE GABLES APARTMENTS OF  
GAINESVILLE, LTD.  
Address 220 N. MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title MANAGER  
Name COLLIER, NATHAN S  
Address 220 N. MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title AUTHORIZED REPRESENTATIVE  
Name CLINCE, JENNIFER  
Address 220 N. MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title AUTHORIZED REPRESENTATIVE  
Name THARPE, ANGELA  
Address 220 N. MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title AUTHORIZED REPRESENTATIVE  
Name ROSENBLATT, MICHAEL  
Address 220 N. MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title AUTHORIZED REPRESENTATIVE  
Name BLAKEMORE, TIM  
Address 220 N. MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

*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:** NATHAN S COLLIER

**AUTHORIZED REP**

**04/28/2023**

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

\_\_\_\_\_  
Date