

2024 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: ANGELA N THARPE

AUTHORIZED REP

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date