

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088870

Entity Name: STILES GAINESVILLE GP, LLC

Current Principal Place of Business:

301 E LAS OLAS BOULEVARD
SUITE 800
FT. LAUDERDALE, FL 33301

FILED
Mar 01, 2016
Secretary of State
CC2783107057

Current Mailing Address:

301 E LAS OLAS BOULEVARD
SUITE 800
FT. LAUDERDALE, FL 33301 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUTH, THOMAS M
C/O SFO MANAGEMENT, LLC
301 E LAS OLAS BOULEVARD 800
FT. LAUDERDALE, FL 33301 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: THOMAS M. BLUTH

03/01/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STILES, TERRY W
Address 301 E LAS OLAS BOULEVARD
City-State-Zip: FORT LAUDERDALE FL 33301

Title P
Name STILES, TERRY W
Address 301 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

Title V
Name BLUTH, THOMAS M
Address C/O SFO MANAGEMENT, LLC
301 E LAS OLAS BLVD 800
City-State-Zip: FORT LAUDERDALE FL 33301

Title V
Name ESPOSITO, ROBERT
Address 301 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

Title V
Name O'SHEA, DENNIS F
Address 301 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

Title S
Name STILES, KENNETH
Address 301 E LAS OLAS BLVD
City-State-Zip: FORT LAUDERDALE FL 33301

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: TERRY W. STILES

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date