

**2017 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

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
301 E LAS OLAS BOULEVARD 800  
TALLAHASSEE, FL 32301 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

02/27/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STILES, TERRY W  
Address 301 E LAS OLAS BOULEVARD  
210  
City-State-Zip: FORT LAUDERDALE FL 33301

Title P  
Name STILES, TERRY W  
Address 301 E LAS OLAS BLVD  
210  
City-State-Zip: FORT LAUDERDALE FL 33301

Title V  
Name BLUTH, THOMAS M  
Address C/O SFO MANAGEMENT, LLC  
301 E LAS OLAS BLVD 210  
City-State-Zip: FORT LAUDERDALE FL 33301

Title V  
Name ESPOSITO, ROBERT  
Address 301 E LAS OLAS BLVD  
7TH FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33301

Title S  
Name STILES, KENNETH  
Address 301 E LAS OLAS BLVD  
7TH FLOOR  
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

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date