2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107164

Entity Name: 5591 ATLANTIC VIEW, LLC

Current Principal Place of Business:

498 EAST BASE STREET MADISON, FL 32340

Current Mailing Address:

POST OFFICE BOX 209 MADISON, FL 32341

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

ODIORNE, STEVEN F 498 EAST BASE STREET MADISON, FL 32340 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

| Title | MGR | Title | MGRM |
|-----------------|-------------------------|-----------------|----------------------|
| Name | ODIORNE, STEVEN F | Name | JACKSON, RAYMOND |
| Address | POST OFFICE BOX 209 | Address | 3009 W ANGELOS ST |
| City-State-Zip: | MADISON FL 32341 | City-State-Zip: | TAMPA FL 33629 |
| | | | |
| | | | |
| Title | MGRM | Title | MGRM |
| Title Name | MGRM ODIORNE, GEORGE | Title Name | MGRM ODIORNE, TOM |
| | | | |
| Name | ODIORNE, GEORGE | Name | ODIORNE, TOM |

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: STEVEN F ODIORNE

MGR

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 29, 2014 Secretary of State CC0367432639

Date