

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074379

**Entity Name:** SQUARE ONE UNIVERSITY, LLC

**Current Principal Place of Business:**

5239 UNIVERSITY PARKWAY  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

704 WEST BAY STREET  
TAMPA, FL 33606

**FEI Number: 27-2981444**

**Certificate of Status Desired: Yes**

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

LEICH, RAYMOND P  
704 WEST BAY STREET  
TAMPA, FL 33606 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	MGR	Title	MGR
Name	SHUMATE, BILL	Name	CORNEIL, JOANIE
Address	704 WEST BAY STREET	Address	704 WEST BAY STREET
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	MGR		
Name	LEICH, RAYMOND M		
Address	704 WEST BAY STREET		
City-State-Zip:	TAMPA FL 33606		

*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: JOANIE CORNEIL**

**PRESIDENT**

**04/20/2016**

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

\_\_\_\_\_  
Date