

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000130858

Entity Name: LOFTON ISLAND GP LLC

Current Principal Place of Business:

3RD FL ADMINISTRATION OFFICE
FORT MYERS, FL 33916

Current Mailing Address:

3RD FL ADMINISTRATION OFFICE
FORT MYERS, FL 33916 US

FEI Number: 27-4648638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT
Name ARMOYAN, GEORGE
Address 145 HOBSONS LAKE DRIVE
 SUITE 400
City-State-Zip: HALIFAX NS B3S 0H9

Title MANAGER
Name PHAM, MARTIN
Address 424 LUNA BELLA LANE
 SUITE 22
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title MANGER
Name SHAHINIAN, DAVID
Address 424 LUNA BELLA LANE
 SUITE 122
City-State-Zip: NEW SMYRNA BEACH FL 32168-4685

Title EXECUTIVE VICE-PRESIDENT
Name JEFFERY, ROBERT J. M.
Address 145 HOBSONS LAKE DRIVE
 SUITE 400
City-State-Zip: HALIFAX NS B3S 0H9

Title CORPORATE SECRETARY
Name ARMOYAN, HRIPSIME
Address 145 HOBSONS LAKE DRIVE
 SUITE 400
City-State-Zip: HALIFAX NS B3S 0H9

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: GEORGE ARMOYAN

PRESIDENT

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date