

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000108776

**Entity Name:** HARBOR VIEW INNOVATION CENTER, LLC

**Current Principal Place of Business:**

822 A1A NORTH  
SUITE 200  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

822 A1A NORTH  
SUITE 200  
PONTE VEDRA BEACH, FL 32082

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

HVA HOLDINGS, LLC  
822 A1A NORTH  
SUITE 200  
PONTE VEDRA BEACH, FL 32082 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 MGRM  
Name MATHIS, CAROLYN  
Address 822 A1A NORTH, SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGRM  
Name MATHIS, JOHN  
Address 822 A1A NORTH, SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGRM  
Name PHILIP, JIM  
Address 822 A1A NORTH, SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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: JIM PHILIP**

**PARTNER**

**04/21/2014**

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

\_\_\_\_\_  
Date