

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000134074

Entity Name: MVR SE IV, LLC

Current Principal Place of Business:

9349 WATERSTONE BOULEVARD
CINCINNATI, OH 45249

Current Mailing Address:

9349 WATERSTONE BOULEVARD
CINCINNATI, OH 45249 US

FEI Number: NOT APPLICABLE

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 AUTHORIZED MEMBER
Name LIETTE, DAVID R
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

Title AUTHORIZED MEMBER
Name BLAKE, EDWARD J
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

Title AUTHORIZED MEMBER
Name MANGAN, ELIZABETH A
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

Title AUTHORIZED MEMBER
Name GOODWIN, JACK H
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

Title AUTHORIZED MEMBER
Name MARKS, JANE E
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

Title AUTHORIZED MEMBER
Name GREEN, MICHAEL B
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

Title AUTHORIZED MEMBER
Name KRUL II, WILLIAM H
Address 9349 WATERSTONE BOULEVARD
City-State-Zip: CINCINNATI OH 45249

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: DAVID R. LIETTE

MEMBER

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date