

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 12, 2015
Secretary of State
CC6244295143

Entity Name: COLONIAL CORPORATE CENTER LLC

Current Principal Place of Business:

23421 WALDEN CENTER DRIVE-SUITE #300
BONITA SPRINGS, FL 34134

Current Mailing Address:

23421 WALDEN CENTER DRIVE-SUITE #300
BONITA SPRINGS, FL 34134

FEI Number: 46-4322994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENTI, KEVIN A P.A.
2180 IMMOKALEE ROAD SUITE #316
NAPLES, FL 34110 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 | HAGENBUCKLE, WALTER S | Name | GRAY, ROBERT M |
| Address | 23421 WALDEN CENTER DRIVE-SUITE #300 | Address | 23421 WALDEN CENTER DRIVE-SUITE #300 |
| City-State-Zip: | BONITA SPRINGS FL 34134 | City-State-Zip: | BONITA SPRINGS FL 34134 |

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: WALTER S. HAGENBUCKLE

MGR

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date