

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000000463

**Entity Name:** 7800 UNIVERSITY POINTE DRIVE LLC

**Current Principal Place of Business:**

7800 UNIVERSITY POINTE DR  
FORT MYERS, FL 33907

**Current Mailing Address:**

7800 UNIVERSITY POINTE DR  
FORT MYERS, FL 33907 US

**FEI Number:** 46-4415130

**Certificate of Status Desired:** No

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

MARRA, JASON A  
7800 UNIVERSITY POINTE DR  
FORT MYERS, FL 33907 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 AR  
Name MARRA, JASON A  
Address 7800 UNIVERSITY POINTE DR  
City-State-Zip: FORT MYERS FL 33907

*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:** JASON MARRA

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date