

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000107617

**Entity Name:** ARBOR TERRACE SAN JOSE INVESTORS, LLC

**Current Principal Place of Business:**

1650 MARGARET STREET  
SUITE 320 PMB # 347  
JACKSONVILLE, FL 32204-3869

**Current Mailing Address:**

1650 MARGARET STREET  
SUITE 320 PMB # 347  
JACKSONVILLE, FL 32204-3869 US

**FEI Number:** 47-1278245

**Certificate of Status Desired:** No

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

CAREY, G. JOHN III  
1650 MARGARET STREET  
SUITE 320 PMB # 347  
JACKSONVILLE, FL 32204-3869 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  
Name CAREY, G JOHN III  
Address 1650 MARGARET STREET  
SUITE 320 PMB # 347  
City-State-Zip: JACKSONVILLE FL 32204-3869

Title AUTHORIZED REPRESENTATIVE  
Name MUNAGO, MARC  
Address 1650 MARGARET STREET  
SUITE 320 PMB # 347  
City-State-Zip: JACKSONVILLE FL 32204-3869

Title AUTHORIZED REPRESENTATIVE  
Name THOMPSON, MELINDA  
Address 1650 MARGARET STREET  
SUITE 320 PMB # 347  
City-State-Zip: JACKSONVILLE FL 32204-3869

*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:** MELINDA THOMPSON

**AUTHORIZED  
REPRESENTATIVE**

**04/02/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date