

2021 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: G JOHN CAREY III

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date