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.

ierebv	certifv	that the	informa	tion ind	dicated	on th	is repo	t or	su

SIGNATURE: WILLIAM LLOYD

04/05/2015

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LLOYD, WILLIAM H	Name	LLOYD, MARIA E
Address	1901 SKY HIGH DR	Address	1901 SKY HIGH DR
City-State-Zip:	NEW BRIGHTON MN 55112	City-State-Zip:	NEW BRIGHTON MN 55112

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.

3839 CHANDLER DR MINNEAPOLIS. MN 55421 US

DOCUMENT# L14000195021

3839 CHANDLER DR MINNEAPOLIS, MN 55421

FEI Number: 47-2690953

Current Mailing Address:

Name and Address of Current Registered Agent:

Entity Name: 2116 - SUN CITY CENTER, LLC

Current Principal Place of Business:

LLOYD, ERIKA 2033 HANSTEAD CIR SUN CITY CENTER, FL 33573 US

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Apr 05, 2015 Secretary of State CC7199091058

Date

Certificate of Status Desired: No

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date