

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000196323

**Entity Name:** SUMMER VIEW APARTMENTS LLC

**Current Principal Place of Business:**

2796 N FEDERAL HWY  
FORT PIERCE, FL 34946

**Current Mailing Address:**

805 VIRGINIA AVE.  
SUITE 16  
FORT PIERCE, FL 34982

**FEI Number:** 47-2665190

**Certificate of Status Desired:** No

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

UR RAHMAN, SYED SHAFEEQ  
805 VIRGINIA AVE.  
SUITE 16  
FORT PIERCE, FL 34982 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	ASSISTANT MANAGER
Name	RAHMAN, SYED SHAFEEQ U	Name	KHAN, IMTIAZ
Address	805 VIRGINIA AVE	Address	805 VIRGINIA AVE. SUITE 16
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34982

*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:** SYED SHAFEEQ UR RAHMAN

**OWNER**

**02/24/2016**

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

\_\_\_\_\_  
Date