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 U RAHMAN

MGR

Electronic Signature of Signing Authorized Person(s) Detail

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.
City-State-Zip:	FORT PIERCE FL 34982		SUITE 16
		City-State-Zip:	FORT PIERCE FL 34982

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.

<u>2021 F</u>	LORIDA LIMITED	LIABILITY CO	MPANY 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

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

UR RAHMAN, SYED SHAFEEQ 805 VIRGINIA AVE. SUITE 16 FORT PIERCE, FL 34982 US

SIGNATURE:

Certificate of Status Desired: No

Date