

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000052416

Entity Name: LVO COLLIER MEMBER LLC

Current Principal Place of Business:

220 NORTH MAIN STREET
GAINESVILLE, FL 32601

Current Mailing Address:

220 NORTH MAIN STREET
GAINESVILLE, FL 32601 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLIER, NATHAN S
220 NORTH MAIN STREET
GAINESVILLE, FL 32601 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 AMBR
Name COLLIER, NATHAN S
Address 220 NORTH MAIN STREET
City-State-Zip: GAINESVILLE FL 32601

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: NATHAN S. COLLIER

AMBR

04/28/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date