

2024 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	Title	AUTHORIZED REPRESENTATIVE
Name	COLLIER, NATHAN S	Name	CLINCE, JENNIFER
Address	220 NORTH MAIN STREET	Address	220 NORTH MAIN STREET
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	THARPE, ANGELA	Name	ROSENBLATT, MICHAEL
Address	220 NORTH MAIN STREET	Address	220 NORTH MAIN STREET
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601
Title	AUTHORIZED REPRESENTATIVE		
Name	BLAKEMORE, TIM		
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: ANGELA N THARPE

AUTHORIZED REP

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date