2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000069413

Entity Name: TAVISTOCK EAST HOLDINGS, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD. SUITE 200 ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD. SUITE 200 ORLANDO, FL 32827 US

FEI Number: 47-3788972

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC. 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 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	E: PETER F. SOUZA, ASSISTANT SECR	ETARY		04/05/2018
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGR	Title	MGR, PRESIDENT	
Name	VOSS, JEFFERSON R.	Name	ZBORIL, JAMES L.	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD SUITE 200).
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title	MGR, VP	Title	VP	
Name	THAKKAR, RASESH	Name	ADAMS, ROBERT B.	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD SUITE 200).
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title	VP	Title	VP	
Name	PEEK, SCOTT I. JR.	Name	IRELAND, RALPH H.	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD SUITE 200).
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	
Title	VP	Title	VP, SECRETARY	
Name	BYRNES, DANIEL R.	Name	RENCORET, MICHELLE R.	
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD SUITE 200).
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827	

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MANAGER

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: JAMES L. ZBORIL

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 05, 2018 Secretary of State CC6012953686

Certificate of Status Desired: No

04/05/2018 Date

Authorized Person(s) Detail Continued :

Title	VP	Title	VP
Name	BEATY, CLINT	Name	COLLIN, THOMAS CRAIG
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200	Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	т		

Name	BEUCHER, NICHOLAS F III
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200

City-State-Zip: ORLANDO FL 32827