

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000146723

**Entity Name:** MS PEO II, LLC

**Current Principal Place of Business:**

3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
TAMPA, FL 33618

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC0445341847**

**Current Mailing Address:**

135 W CENTRAL BLVD  
SUITE 600  
ORLANDO, FL 32801 US

**FEI Number:** 61-1769896

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH 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:** ED HAND

04/04/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MASEDA, MIGUEL A  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name CAHILL, DANIEL  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name SACK, AARON  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name SHAW, ADAM  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name ROSO, ALEXANDER  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

*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:** MIGUEL A MASEDA

MANAGER

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date