

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000119510

Entity Name: 1600 MAHAN CENTER OFFICE OWNERS CAM, LLC

Current Principal Place of Business:

2840 REMINGTON GREEN CIRCLE
SUITE 5
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 15741
TALLAHASSEE, FL 32317 US

FEI Number: 86-2591655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EURICH, MICHAEL
2840 REMINGTON GREEN CIRCLE
SUITE 5
TALLAHASSEE, FL 32308 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 MGR
Name TALLAHASSEE OFFICE PROPERTIES, LLC
Address 2612 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title MGR
Name BIG BEND HOSPICE, INC.
Address 1723 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title MGR
Name U-VEST HOLDINGS, LLC
Address 1673 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name MCRAE, CHRISTOPHER T
Address 2612 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name EURICH, MICHAEL A
Address 1723 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name DAVINO, MICHAEL P
Address 1673 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

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: MICHAEL EURICH

AUTHORIZED REPRESENTATIVE

01/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date