

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L93000000327

**Entity Name:** SVO REALTY, L.C.

**Current Principal Place of Business:**

9090 ADAMO DRIVE  
TAMPA, FL 33619

**Current Mailing Address:**

2120 WILSHIRE BLVD., #400  
SANTA MONICA, CA 90403

**FEI Number:** 95-4470454

**Certificate of Status Desired:** No

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

SCHLOSSER, RICHARD A  
500 EAST KENNEDY BLVD.  
SUITE 200  
TAMPA, FL 33602-4825 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 BREECH, ANDREW L  
Address 2120 WILSHIRE BLVD., SUITE 400  
City-State-Zip: SANTA MONICA CA 90403

Title MGR  
Name OLLIGES, ED  
Address 660 DECATUR BLVD.  
City-State-Zip: LAS VEGAS NV 89107

Title MGRM  
Name NATIONAL FACILITIES CORP.  
Address 2120 WILSHIRE BLVD., SUITE 400  
City-State-Zip: SANTA MONICA CA 90403

Title MGR  
Name BREECH, ANDREW L  
Address 2120 WILSHIRE BLVD., SUITE 400  
City-State-Zip: SANTA MONICA CA 90403

Title MGR  
Name OLLIGES, ED  
Address 660 DECATUR BLVD.  
City-State-Zip: LAS VEGAS NV 89107

*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:** PHILIP ALFORD

CFO

03/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date