

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000005646

**Entity Name:** LVP HMI FT. MYERS LLC

**Current Principal Place of Business:**

ATTN: LEGAL DEPT.  
1985 CEDAR BRIDGE AVENUE, SUITE 1  
LAKEWOOD, NJ 08701

**Current Mailing Address:**

ATTN: LEGAL DEPT.  
1985 CEDAR BRIDGE AVENUE, SUITE 1  
LAKEWOOD, NJ 08701

**FEI Number:** 47-1515673

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7  
SUITE 106  
DAVIE, FL 33314 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 LVP HMI FT. MYERS HOLDINGS LLC  
Address 1985 CEDAR BRIDGE AVENUE, SUITE  
1  
City-State-Zip: LAKEWOOD NJ 08701

*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:** LVP HMI FT. MYERS HOLDINGS LLC

**MANAGING MEMBER**

**04/20/2016**

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

\_\_\_\_\_  
Date