Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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LIMITED LIABILITY REINSTATEMENT

PVII VIERA MANOR COMPANY, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
PVII VIERA MANOR COMPANY, LLC
M14000008902

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
350 W HUBBARD	350 W HUBBARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE. 440	STE. 440
City & State	City & State
CHICAGO, IL	CHICAGO, IL
Zip / Country	Zip / Country
60654 / USA	60654 / USA

4. State/Country of Formation
DELEWARE

5. Date Organized or Qualified To Do Business in Florida
12/11/2014

6. FEI Number
35-2518880
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Amy Bitterfeld ASSISTANT VICE PRESIDENT Date 3/13/17
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	OXFORD VIERA MEMBER, LLC	350 W HUBBARD, STE. 440	CHICAGO, IL 60654
Manager of MGRM	JOHN RUTLEDGE	350 W HUBBARD, STE. 440	CHICAGO, IL 60654

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [signature] Date 3/10/17 Daytime Phone # (312) 755-9500 x 4610

Typed or printed name of signing Authorized Representative/Manager John W. Rutledge

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