

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008024

**Entity Name:** ARBOR CENTRE', LLC

**Current Principal Place of Business:**

4910 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4910 NORTH MONROE STREET  
TALLAHASSEE, FL 32303 US

**FEI Number:** 20-0716092

**Certificate of Status Desired:** Yes

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

THAMES, WILLIAM G JR.  
4910 NORTH MONROE STREET  
TALLAHASSEE, FL 32303 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:** WILLIAM G THAMES JR

04/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR

Name THAMES, WILLIAM G JR.

Address 4910 NORTH MONROE STREET

City-State-Zip: TALLAHASSEE FL 32303

*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:** WILLIAM G THAMES JR

MEMBER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date