

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011908

Entity Name: CAMPUS VIEW EAST, LLC

Current Principal Place of Business:

405 DUNWOODY STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

PO BOX 15191
TALLAHASSEE, FL 32317

FEI Number: 34-1978651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMOOKLER, SANFORD M
2317 TOUR EIFFEL DRIVE
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 SCHMOOKLER, SANFORD M
Address PO BOX 15191
City-State-Zip: TALLAHASSEE FL 32317

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: SANFORD M SCHMOOKLER

MGR

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date