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: CHOY, A, R

Electronic Signature of Signing Authorized Person(s) Detail

OO, MAUNG K 500 UNIVERSITY BLVD SUITE 209

Electronic Signature of Registered Agent

	Title	MGRM
	Name	CHOY, A R
&	Address	500 UNIVERSITY BLVD SUITE 209 & 211

City-State-Zip: JUPITER FL 33458

# Name and Address of Current Registered Agent:

CHOY, A R 500 UNIVERSITY BLVD SUITE 209 & 211 JUPITER, FL 33458 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:

Title

Name

Address

City-State-Zip:

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034763

Entity Name: UNIVERSITY COMMONS 600 CP, LLC

## **Current Principal Place of Business:**

500 UNIVERSITY BLVD SUITE 209 & 211 JUPITER, FL 33458

# **Current Mailing Address:**

**500 UNIVERSITY BLVD** SUITE 209 & 211 JUPITER, FL 33458 US

# FEI Number: 20-1093464

Authorized Person(s) Detail :

211

JUPITER FL 33458

MGRM

PRESIDENT

# FILED Jan 17, 2020 Secretary of State 2123651744CC

Certificate of Status Desired: No

Date