

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000041371

**Entity Name:** 54FL.2 LLC

**Current Principal Place of Business:**

13020 LIVINGSTON RD  
15  
NAPLES, FL 34105

**Current Mailing Address:**

2180 IMMOKALEE RD  
304  
NAPLES, FL 34110 US

**FEI Number:** 68-0529005

**Certificate of Status Desired:** No

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

HL STATUTORY AGENT, INC.  
5811 PELICAN BAY BOULEVARD  
SUITE 650  
NAPLES, FL 34108 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 MR  
Name SHLESINGER, ROBERT PARTNER  
Address 2180 IMMOKALEE RD  
304  
City-State-Zip: NAPLES FL 34110

Title MANAGING PARTNER  
Name STOLBA, MATTHEW J  
Address 2180 IMMOKALEE RD  
304  
City-State-Zip: NAPLES FL 34110

*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:** MATTHEW J STOLBA

**MANAGING PARTNER**

**04/21/2015**

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

\_\_\_\_\_  
Date