

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000124264

Entity Name: GULFVIEW OFFICE COMPLEX, LLC

Current Principal Place of Business:

17 S.E. EGLIN PARKWAY
C/O BEACH COMMUNITY BANK
FORT WALTON BEACH, FL 32548

Current Mailing Address:

17 S.E. EGLIN PARKWAY
C/O BEACH COMMUNITY BANK
FORT WALTON BEACH, FL 32548

FEI Number: 27-4274190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNS, GARY
17 S.E. EGLIN PARKWAY
FORT WALTON BEACH, FL 32548 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 MCCORMICK, W. SCOTT
Address 17 SE EGLIN PKWY
City-State-Zip: FORT WALTON BEACH FL 32548

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: W. SCOTT MCCORMICK

MGR

03/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date