## **2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132283

Entity Name: LLE-HPRV-R, LLC

LLE-HPRV-R, LLC

# **Current Principal Place of Business:**

300 FIFTH AVENUE SOUTH

211

NAPLES, FL 34102

## **Current Mailing Address:**

300 FIFTH AVENUE SOUTH

NAPLES, FL 34102 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

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

BOLICK, BARBARA J 300 FIFTH AVENUE SOUTH 211 NAPLES, FL 34102 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

FILED Apr 18, 2014

**Secretary of State** 

CC6743341438

### Authorized Person(s) Detail:

Title MGF

Name ELLENBERGER, EDITH K Address 300 PARK SHORE DRIVE

**UNIT 2D** 

City-State-Zip: NAPLES FL 34103

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: EDITH ELLENBERGER

OWNER

04/18/2014

Date