

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000043140

Entity Name: PETER OLIVERS, LLC

Current Principal Place of Business:

4300 SUMMER BREEZE TERRACE
VERO BEACH, FL 32967

Current Mailing Address:

4300 SUMMER BREEZE TERRACE
VERO BEACH, FL 32967 US

FEI Number: 45-1829231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 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 MGRM
Name GIVEN, KEVIN
Address 2345 HIGHWAY A1A
City-State-Zip: VERO BEACH FL 32963

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: KEVIN J GIVEN

PRESIDENT

04/11/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date