

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000006127

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC8401086089**

**Entity Name:** EXTENDED INVESTMENT HOLDINGS II, LLC

**Current Principal Place of Business:**

5800 LAKEWOOD RANCH BLVD  
SARASOTA, FL 34240

**Current Mailing Address:**

5800 LAKEWOOD RANCH BLVD  
SARASOTA, FL 34240

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCHIER, JAMES R  
5800 LAKEWOOD RANCH BLVD  
SARASOTA, FL 34240 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 NEAL, JOHN A  
Address 8141 LAKEWOOD MAIN ST, SUITE 210  
City-State-Zip: BRADENTON FL 34202

Title MGRT  
Name SCHIER, JAMES R  
Address 5800 LAKEWOOD RANCH BLVD  
City-State-Zip: SARASOTA FL 34240

Title S  
Name HEIM, PRISCILLA G  
Address 5800 LAKEWOOD RANCH BLVD  
City-State-Zip: SARASOTA FL 34240

*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:** JAMES R SCHIER

**MANAGER**

**01/25/2016**

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

\_\_\_\_\_  
Date