

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000157190

**Entity Name:** ZEPHYRHILLS GP, LLC

**Current Principal Place of Business:**

242 INVERNESS CENTER DRIVE  
BIRMINGHAM, AL 35242

**Current Mailing Address:**

242 INVERNESS CENTER DRIVE  
BIRMINGHAM, AL 35242 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LOWITZ, STEPHEN  
3521 N 53RD AVENUE  
HOLLYWOOD, FL 33021 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:** STEPHEN LOWITZ

11/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LOWITZ, STEPHEN  
Address 242 INVERNESS CENTER DRIVE  
City-State-Zip: BIRMINGHAM 35242

Title MGRM  
Name EHRENSTEIN, GABE  
Address 242 INVERNESS CENTER DRIVE  
City-State-Zip: BIRMINGHAM 35242

Title MGRM  
Name SUMRALL, DAVID  
Address 242 INVERNESS CENTER DRIVE  
City-State-Zip: BIRMINGHAM 35242

Title MGRM  
Name JOHNSTON, SAM  
Address 242 INVERNESS CENTER DRIVE  
City-State-Zip: BIRMINGHAM 35242

Title MGRM  
Name MOORE, JOHN O  
Address 242 INVERNESS CENTER DRIVE  
City-State-Zip: BIRMINGHAM 35242

*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:** DAVID SUMRALL

MEMBER

11/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date