

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000054309

Entity Name: LECESE GVJP II, LLC**Current Principal Place of Business:**650 S NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**650 S NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 81-1888334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LECESE DEVELOPMENT CORP
650 S NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701 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 LECESE, SALVADOR
Address 650 S NORTHLAKE BLVD, SUITE 450
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title PRES
Name LECESE, SALVADOR
Address 650 S NORTHLAKE BLVD, SUITE 450
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR
Name LECESE, JACQUELINE
Address 650 S NORTHLAKE BLVD SUITE 450
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP
Name LECESE, JACQUELINE
Address 650 S NORTHLAKE BLVD, SUITE 450
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP
Name FLYNN, JOHN
Address 650 S NORTHLAKE BLVD SUITE 450
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: SALVADOR F. LECESE

MGR

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date