

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000154567

**Entity Name:** TAVISTOCK EAST II, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD STE 200  
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD STE 200  
ORLANDO, FL 32827**FEI Number:** 30-0949957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE, SUITE 1400  
ORLANDO, FL 32801 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            PRESIDENT  
Name            ZBORIL, JAMES L  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            ADAMS, ROBERT B  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            BEATY, CLINT  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            BYRNES, DANIEL R  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            IRELAND, RALPH H  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            PEEK, SCOTT I JR.  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP, SECRETARY  
Name            RENCORET, MICHELLE R  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            THAKKAR, RASESH  
Address        6900 TAVISTOCK LAKES BLVD STE  
                  200  
City-State-Zip: ORLANDO FL 32827

*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 L. ZBORIL**PRESIDENT****04/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date